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ORIGINAL COMMUNICATIONS.

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*Lectures on Scarlet Fever.* BY CASPAR MORRIS, M. D., late  
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LECTURE IV.

Though it be true that scarlet fever is in an especial degree a disease of infancy and childhood, all ages are, to a certain extent, liable to it. The reports of the Registrar-General of Great Britain are exceedingly interesting from the extensive field of observation they cover, and furnish us with the most important information on this and similar points. Thus, with regard to the point which now claims our notice, we find that during the months of January and February, 1840, there were 345 deaths from the disease, in London. Of this number 326 were under thirteen years of age, and 19 only were adults. And of 2614 deaths included in his fourth report for the Kingdom, 2429 were children, 182

adults, and 13 aged persons. Now, when we take into view the commonly conceded fact that the proportionate mortality of adults is much greater than of children, the real difference in liability will be found to exceed that which appears to be represented by these numbers, great as it is.

Dr. George Gregory says: "This is one of the few diseases to which the foetus in utero is liable. On the 28th of April, 1839, my youngest son was born, evidently suffering under some form of fever. The throat was affected on the following day, obviously from angina maligna. Eruption was never developed. The child drooped and died on the first of May." As no attempt is made to show that the mother was laboring under the disease at or shortly before the birth of the infant, and it is not even asserted that it was prevalent in the neighborhood or family, there is great room to doubt the accuracy of the decision, that this was a case of scarlet fever. That persons at the other extreme of life may suffer from it I know, having seen it prove fatal in a lady, certainly not less than fifty years old.

Negroes are equally liable to this disease with whites, and dark as may be their hue, there is a peculiar change produced in it by the eruption where that is present, which is the result of the mingling of the florid tint with their peculiar color. When sudamina occur their appearance is very marked on the dark surface. The symptoms do not vary from those of the white, nor is the mortality greater.

Before we dismiss finally the consideration of the nature and laws of the specific cause of this disease, it is proper to draw your attention to the well established fact, that it is one of those to which we are liable but once. Dr. Willan, whose opportunities for observation were unusually great, and whose authority is beyond question, says that in more than two thousand cases which passed under his notice, he never met with a second attack. Dr. Tweedie asserts that there are well authenticated instances, but does not speak of them as of his own knowledge. No instance of a secondary attack occurred to Dr. Chapman, in his large and long extended observation. Dr. Currie, of Liverpool, was compelled by long experience to "renounce the opinion he had early entertained, and to confess that the same individual is liable to the disease once only." Sir



Gilbert Blane, on the other hand, asserts that he met with one instance of scarlet fever occurring thrice "without the least suspicion of ambiguity." Analogy favors the idea that in this, as in all other diseases, there are such exceptional cases. At an early period of my professional course, I thought I had met with them frequently myself. Longer and more careful observation has convinced me that, in many instances, I had mistaken other diseases for scarlet fever, misled by the similarity of the eruptions. There is a form of eruptive fever caused by indigestion, closely resembling this disease in its appearance, and like it making its invasion very suddenly, which is often met with in childhood. Such cases have undoubtedly been mistaken for scarlet fever, and have given rise to some of the reputed instances of second and third attacks. When occurring in the case of a child with enlarged tonsils, which are liable to acute inflammation from cold, or disordered stomach, the resemblance to scarlet fever is very close.

Secondary attacks may, however, occur, though less frequently in this than some of the other exanthematous fevers. A medical friend of great eminence has informed me that he lost a member of his own family by a second attack. The first was, when the child was but four years old, was irregular in its character, the eruption imperfect, and not followed by desquamation. There was an abscess in the neck, and long continued ill-health succeeded. After an interval of five years, the second and fatal attack supervened. There was but little affection of the throat, but the rash was very vivid and extensive, and death occurred from exhaustion of the vital forces by the intensity of the febrile reaction. Another medical friend has assured me that a well-marked second attack occurred in his family.

In this disease, as in variola and measles, second attacks are more frequent in those who have suffered from it in its most severe forms, than when in the first instance it has been mild. It would appear as though, in these persons, there was a greater degree of susceptibility to the influence of the contagious principle or epidemic miasm, while there are others in whom this liability exists but slightly at any period of life. This difference of susceptibility to the influence of the causes of disease, is one of those mysteries which it is but little likely

we shall ever be able to solve. That of a given number of persons, equally exposed to an epidemic influence, only a small number will yield to the impression, is well known; and contagion itself finds the same exemption in kind, though not in degree. More extraordinary still, is the fact that this susceptibility varies in the same individual, at different times, without our being able to recognize the circumstances on which the fluctuation depends. Present exemption affords no security from future liability. Thus it can hardly be supposed probable that the two gentlemen who fell victims to it when more than forty years old, to whose cases I have already referred under another head, had never been exposed to the cause previously. About the same period, one of our most respectable physicians died from the disease. He had been many years engaged in a large practice, and must have encountered the complaint frequently, and been subject not only to the epidemic influence, but to direct contagion. In such cases the susceptibility must either have been recently developed, or some unknown power had caused it to lie dormant for years.

In this respect the laws of scarlet fever are perfectly consonant with those which govern the diffusion of other kindred diseases. Thus, Dr. Watson records an instance of fatal small-pox in the person of a lady beyond 70 years of age, who had nursed two generations of her descendants in the disease, and was therefore very naturally thought to possess an entire exemption from liability to it. There is a certain amount of susceptibility which is always present even in the persons of those who have formerly had the complaint, as is evidenced by the sore throat which affects those who are engaged in nursing persons sick with this disease. Such cases may indeed be considered as instances of secondary affections, especially as I have already proved that they are capable of propagating the disease. There is one fact connected with this branch of the subject which deserves to be impressed upon your minds, as it will naturally suggest important precautions. You will often find an error in diet, exposure to cold, or undue fatigue, prove the direct agent in exciting the disease. In such instances it is manifest that the specific cause was present in the system, but kept in subjection by the conservative force, until some accidental circum-



stance disturbed the balance of health, and afforded the opportunity for development which was needed. To caution persons against such exciting causes when the disease is prevalent in a neighborhood or has invaded the family circle, is, therefore, the duty of the physician.

The *mortality* of scarlet fever varies greatly, occurs at different periods of the progress of the case, and depends on various causes. The *prognosis* is therefore necessarily indefinite. So treacherous is the disease, and so liable to serious complications and fatal sequelæ, that it is best always to give a guarded opinion as to the result. You may say, with safety, that no case is so desperate in its symptoms as to shut out the hope of recovery; but must at the same time admit that none is so benign as to exclude anxiety. I still remember perfectly a lesson learned in the earlier part of my professional career. I was attending the child of a clergyman; of course, therefore, an object of attention for a whole congregation. The case was one of the mildest I had ever seen; scarcely any anginose affection, the rash florid, the nervous centres unaffected. The progress of the disease was regular till the fourth day. It was a Sydenham case, "scarcely worthy the name of disease." Under these circumstances I ventured to congratulate the mother on her happiness. The disease was making fearful havoc in many families; she would be exempt thenceforth from the apprehension in which she had participated with all parents. The case became complicated with laryngitis, and, forty-eight hours after, the child was a corpse. I have, on the other hand, seen a patient lie utterly unconscious of surrounding objects, with a livid eruption, entire loss of the power of deglutition, constant discharge of putrid sanies from the mouth and nostrils, and uncontrollable jactitation—and others with convulsions and croup,—and yet recover. You will not, therefore, be surprised when I tell you that my uniform habit is to speak cautiously of the lightest, and to encourage hope in the gravest case.

There is no doubt that the mortality among adults is greater in proportion than among children. To pregnant and puerperal women, it is almost inevitably fatal. I have known several cases which proved mortal but have never heard of a recovery. The character of the prevailing epidemic should always be taken

into consideration in forming an estimate of the probable results of any case, as in no disease is the mortality more variable. This is proven by the personal experience of every practitioner. We may, however, refer to the report of the London Fever Hospital, given by Dr. Tweedie, as offering an illustration which cannot be questioned; 644 cases were treated in that institution during the twelve years from 1822 to 1833 inclusive. Of this number, thirty-eight died, being at about the rate of 6 per cent. upon the whole series of cases. But when we descend to the investigation of the annual mortality, we find that while, in 1829, the rate was as high as one in six, in 1832 it fell as low as one in forty. Dr. G. Gregory refers to the observations of a Mr. Ward of Bodmin, who reports four hundred and forty-two cases with thirty-six deaths; of these cases, three hundred and twenty-four were accompanied by the eruption, and of these, twenty-six died. While of one hundred and eight without eruption, ten died, thus making but a small difference in favor of those cases in which the skin is involved. Dr. Condie, of this city, reports two hundred and sixty cases, of children under 12 years of age, occurring during three epidemics of considerable extent and severity, with 45 fatal results. Dr. G. Gregory states that 6 per cent. may be assumed as the medium rate of mortality.

Though it be true, as I have before remarked, that the general character of the prevailing epidemic will throw light upon the probable result of the individual cases, it is right that you should know that there are exceptions to this rule. Not only do we find some cases of a very mild character occurring at the time, when the disease is generally malignant, but the reverse also takes place, though less frequently. You may adopt it as the general rule, that, whatever may be the prevailing type, the character of the first case which is seen in a family or school, will attach itself to all the subsequent cases. Thus the disease in the House of Refuge, was certainly very mild, no death having occurred, though the type of the epidemic, then prevailing in the city, was severe.

When, in forming your prognosis, you come to the consideration of the individual symptoms, I would caution you against placing any reliance on the extent of the eruption, as affording a criterion by which you may determine the degree of risk. I have frequently seen cases, in which the whole surface



was covered with a vivid rash, prove fatal, and equally often have known the ready recovery of those in which there was none, or but little around the joints or on the body.

Simple scarlet fever is certainly much less likely to result fatally than the anginose, and this less so than the malignant and congestive, or irregular. The occurrence of convulsions in any stage, or either form, is always an indication of great danger. I at one time thought them a certainly fatal sign, but I have known several such cases to recover. Violent delirium, manifesting itself by shrieks like those of meningitis, is also of bad augury, no matter how slight may be the affection of the throat; so also is stupor with grinding of the teeth. Croup is a very serious complication and should cause you to watch the case in which it occurs, narrowly. The enlargement of the neck without a corresponding degree of swelling of the tonsils and adjacent mucous membrane, is also of evil omen; especially when there is the acrid discharge from the nostrils, which indicates the existence of ulceration of the posterior nares. The continuance or increase of the febrile symptoms, after the fifth or sixth day, is also a bad sign, as it proves the existence of some local lesion. A dusky or livid color of the eruption is always a bad sign, whether it result from the deficient aeration of the blood, or some other cause; and so are great sighing, and a feeling of faintishness, and hurried respiration. Ulceration of the commissures of the mouth and eyelids are unfavorable events, and so are coldness of the surface, whether it be dry, or bedewed with moisture.

The subsidence of the frequency of the pulse, and the diminution of the redness and swelling of the parts about the throat, in the anginose variety, are circumstances which should afford encouragement. Among the favorable signs, none should be hailed with greater satisfaction than a warm perspiration; whether it is found in the simple, anginose, or malignant form. Next to this is the diminution of the heat of the skin, with or without moisture, provided it do not descend to a degree of coldness less than the standard of health.

Death may result from various causes, and at several stages of the disease. The violence of the primary shock may be such that the system may not react from it, or the reaction may be

so severe as to prove fatal. The nervous centres may be so deeply impressed that death shall ensue from the destruction of the balance necessary to their healthy action. From any of these causes it may occur within the first week of the disease; nay, even within the first twenty-four hours. Dr. G. Gregory thinks sixty hours, or the third day, the period of greatest danger. But even when the first week has passed, and the primary symptoms have yielded, the causes of mortality still stand thickly around the course of the patient. Inflammation of the larynx, the pericardium, or the kidneys, may be developed and produce a fatal result; or the patient may die from effusion in the ventricles of the brain or the thorax, or from the long continued exhausting effects of abscesses or diseases of the bones.

Each of these latter causes of death will of course leave a corresponding lesion in the organ affected. But in those cases where death has occurred in the early stages, it would be irrational to expect to find any morbid appearances in this, more than other pure febrile diseases. The fatal impression has been made on organs which express their changes by signs which pass away with life and leave no trace behind; but by some authors the brain is said to be more vascular than natural in cases where there has been very violent delirium, and instances are reported of increased vascularity and opacity of the arachnoid. We are not informed at what period of the disease death had occurred in these cases. In the malignant and anginose forms we shall of course find the traces of the disorganization of the mucous membrane of the fauces and adjacent parts which has been noticed during life, and I have seen ulceration of the mucous membrane lining the larynx, and abscesses about the cartilages.

Though there can be no doubt that the blood during life is much changed from its healthy condition, there is nothing peculiar in its state after death. It is reported to have been found sometimes fluid, at others abounding in coagula, sometimes collected in especial organs, and at others more equably distributed. The proportion of fibrine is said to be slightly in excess in some instances. This would result from any local inflammation which might be set up on the progress of the case. The spleen in some instances has been found enlarged, soft and reddened.

There are several *complications* which are met with in the dif-



ferent forms of scarlet fever, with which you should be made familiar. The sore throat in the anginose forms, varies in degree, and is often attended by swelling of the glands of the neck, impeding deglutition, even in some cases to the extent of entire interruption. It is by no means an uncommon event for the food and drink to be returned through the nostrils, instead of passing into the œsophagus. Ulceration of the mucous membrane, and even sloughs of the subjacent parts are found in extreme cases. Delirium is by no means an unfrequent attendant, and may be either wild and violent, or of a low muttering form. In the former case, which is confined to the simple and anginose varieties, it is frequently associated with convulsions; in the latter, which belongs to the malignant, with coma. Laryngitis is another serious complication which may occur in either form of the disease, and at any stage of its progress, and is always a formidable symptom. Violent rheumatic pains in the limbs are occasionally found in the earlier stages, as well as among the sequelæ, and there is often more or less muscular rigidity of the neck.

Ulcerations of the mucous membrane of the nasal passages, and the extension of the inflammation through the eustachian tube to the internal ear, are also met with in some cases, giving rise to the most intense suffering at the time, and involving the disorganization of the organ of hearing. Pneumonia *may* also occur in this disease, but more frequently violent affections of the heart indicated by labored respiration and distress in the præcordial region. Dr. Gregory describes the case of a lady "who was seized with scarlet fever at the time of parturition. The labor was long and severe; she perspired profusely; the heart labored violently. The next day scarlet fever appeared. The heart exhausted by previous efforts gave way, and in about fifteen hours from the appearance of the eruption, became engorged. A frightful feeling of suffocation supervened, and the pulse for a few minutes was imperceptible at the wrist. This feeling subsided, but the heart never regained its natural condition. Dyspnœa increased, and in twenty-four hours more, the blueness of countenance and incipient delirium showed that the lungs were implicated, and that waves of ill oxygenated blood were permeating the brain. Twelve hours longer of this semi-asphyxiate state closed this sad and painful scene."

The *Diagnosis* of scarlet fever is, you will perceive, not devoid of difficulty, and is yet always important. The anxiety of parents is excessive. Often, very often, have I been called at a late hour in the evening to see a child, suddenly seized with fever between the time at which it had been put to bed, and the hour at which the parents retired. The flushed cheek and restless sleep had excited the apprehension of a mother, some of whose friends had suffered from this devastator of the nursery. The power of allaying these fears by the positive assurance that no such danger was impending, is one of those which will afford you as much gratification as any you can exercise. Your own satisfaction in the treatment of a case is also much enhanced by certainty as to its character. Circumstances may also arise, in which it is most important to be able to give a prompt decision. I once, needlessly, caused the dismissal to their homes, of the children of a boarding school, thus spreading alarm into many families, and interrupting the pursuits and materially interfering with the interests of a most worthy family, by the hasty and erroneous determination that one of the children had scarlet fever. The opposite error might have been still more disastrous in its results. Let me, therefore, impress upon you the importance of a careful study of the signs of distinction. The well marked anginose and malignant forms can not be mistaken. It is only in the simple and irregular cases that we are liable to error. These, however, you remember, may give origin to the most violent and fatal forms, and even the mildest cases may become serious in the results, if not properly treated. In every case where there is a sudden invasion of fever with sick stomach and the occurrence of rash within forty-eight hours, you should *suspect* scarlet fever. Let this suspicion be your own, however, until you have carefully investigated the entire history of the attack, and examined well the symptoms, bearing in mind that important results may follow your decision.

There are several diseases which may be mistaken for simple or anginose scarlet fever. Measles, you know, was long confounded with it. Sore throat with fever resembles it in some points. The rash which often accompanies indigestion in children is very like it. There is a very mild form of disease, known



popularly by the name of "the scarlet rash," which closely resembles it, and roseola has often been taken for it by superficial observers.

There are several points of difference between Measles and Scarlet Fever noticed by authors. The period of incubation is said to differ. When, however, you reflect on the impossibility of determining the time of exposure in many cases, and that when this is known, the mere fact of exposure will determine the nature of the case, you will at once perceive how little benefit can be derived from such an observation. I have, moreover, already shown how very uncertain is the period of incubation. It is quite certain, however, that measles has never been known to occur so promptly after exposure as scarlet fever.

The time, after the development of febrile symptoms, at which the eruption occurs in the two diseases in those cases which pursue a regular course, is very different. The rash of scarlet fever is observed often simultaneously with the febrile invasion, and generally within twenty-four hours; that of measles does not show itself in less than seventy-two hours, or on the third or fourth day. The invasion of scarlet fever is marked by nausea or vomiting, thus fixing the stomach, and passages which lead to it, as the organs involved. The first stage of measles, on the other hand, is indicated by catarrh, sneezing, redness of the conjunctiva cough and hoarseness; thus exhibiting the tendency of the disease to fix on the mucous membrane of the air passages. This difference in the local tendencies marks the whole course of the disease and its sequelæ.

There is also a marked difference in the appearance of the rash. The eruption of measles may be first seen about the roots of the hair and behind the ears; in circumscribed well defined spots, which as they spread, assume frequently an arrangement which has been called crescentic, several spots being grouped together and surrounding patches of skin of perfectly natural appearance. From the face, it gradually extends itself downward over the whole person. In the regular course of scarlet fever, there is a vivid efflorescence covering the whole surface of the head and neck simultaneously, and often even the whole trunk, leaving no spot unaffected. The papular eruption scattered through the efflorescence of scarlet

fever, which gives the appearance of stigmata, noticed in the description of the disease, is unknown in measles. There is a marked difference also in the color of the rash of the two diseases. In scarlet fever it is of a florid or vermillion tint; in measles there is at the very outset a dull lake color. The first declines by fading away; the last becomes darker or more dusky.

In the sequelæ of the two diseases, we find the most striking evidence of their diverse origin and nature.

In scarlet fever we have affections of the brain, the kidneys, the cellular tissue, ulcerations of the throat and ears, and abscesses about the neck, rheumatic pains, and if any of the affections of the air passages occur, it is evidently by mere extension from the adjacent parts. In measles we have bronchitis and pneumonia, and sometimes diarrhœa. But while there are these important and well marked points of difference between the two diseases, it must not be concealed that you will occasionally meet with instances in which your efforts at discrimination will be tasked during the progress of the case; and it is even possible that in some there may be a mongrel disease, as though it were the result of a mixed influence; commencing as scarlet fever and yielding in its course to the influence of rubeola. There is often in cases of variola or varioloid a diffuse efflorescence on the second or third day which very closely resembles that of scarlet fever, and the resemblance is rendered more embarrassing by the sore throat which so generally occurs in variola. It may be distinguished from it by the character of the febrile symptoms which accompany it. The restlessness and gastric oppression and pain in the back, of the variolous disease, sufficiently mark its character, and are never present in scarlet fever. Neither is there the frequent pulse to which I have drawn your attention, as belonging especially to the disease. That of the variolous impression is less frequent and softer, the absence of the dotted points which are interspersed through the efflorescence on the skin, and always appear in the throat, will afford assistance in determining the nature of the case. Attention to the symptoms affords one of the best points of discrimination in cases of eruption resembling scarlet fever which occur in the signs of indi-



gestion in childhood and infancy, and the best additional diagnostic sign I can furnish you is found by looking into the throat. The eruption of scarlet fever is *always* found there, if it affect the external surface. The appearance of the elongated papillæ through the white fur, is less to be relied on. I have been deceived by it. Not so, however, the appearance of the tongue on the second or third day. The sudden throwing off of the coat of fur, while the surface is left red and glossy, is decidedly characteristic and will never deceive you, as it occurs in no other disease at this early period.

The eruption which occurs about the third day of typhus fever, bears a closer resemblance to that of measles than to the one now under our notice. The age of the patient will afford aid in forming an opinion, typhus fever being more frequent in adult life, and scarlet fever in infancy and childhood, while the history of the case will always enable you to trace genuine typhus fever to its origin in direct contagion or exposure to the peculiar circumstances which give rise to it.

(To be Continued.)

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*Case of fracture of the anterior portion of the Os Calcis.* By  
W. S. W. RUSCHENBERGER, M. D., Surgeon, U. S. Navy.

*November 24th, 1850.* Lieutenant W——, (aged 32 years, athletic, weighing 190 pounds), while in a paroxysm of mental aberration, attempted to escape from the U. S. Naval Hospital, New York, where he had been confined as a patient for several days. Between seven and eight o'clock, P. M., he leaped from the top of a wall, which encloses the grounds, at a point where it is fifteen feet high; and alighted upon his soles on the hard, gravel-paved side-walk of the street. At the time, he was in a dressing gown and slippers.

He was unable to rise upon his feet. Some passers-by conveyed him into a neighboring grog-shop, where I examined him about ten minutes after the fall. It was stated, he was insensible when picked up, and that he had swooned after he was placed in a chair. When first seen by me, he was very pallid and faint; he expressed his opinion, formed from a sense of pain alone,

that "all the bones of his feet were crushed." Both ankles and feet were contused. Distinct crepitus was heard on moving the left foot. Below the malleolus externus and a little anterior to the axis of the fibula was a tumor or projection, caused by a fragment of bone, estimated to be about a cubic inch in size, which was seized between the thumb and fingers, and moved easily but not extensively beneath the skin. Moving this fragment caused distinct crepitus and severe pain. The toes and metatarsus could be turned inwards, on a plane with the sole, almost to a right angle, owing to a relaxation, or partial separation of the metatarsal from the tarsal bones. There was nothing abnormal observed in the motions of the astragalus upon the tibia. There was no displacement of the posterior extremity of the os calcis; but the patient stated subsequently, that when his consciousness returned, he found the heel bone drawn up out of place. There was no fracture of the fibula or tibia. Pressure posteriorly to the cuboid showed an unusual yielding space in that region.

The patient was conveyed to his bed in the hospital, complaining considerably of pain. Cold water dressings were applied to the feet and ankles; and a fourth of a grain of meconate of morphia in solution was administered.

The bowels had been moved twice during the day.

25th. Ankles and feet considerably swollen, ecchymosed, and very painful. Cold water dressings and meconate of morphia at night.

27th. Has less pain; passed a better night; seemed quite rational. Continue treatment.

28th. Appears to be perfectly sane. Better; persist.

29th. Swelling and pain of ankles less; continue treatment.

30th. (Sixth day after accident.) Left ankle and foot carefully examined this morning. The anterior and external portion of the os calcis, which articulates with the os cuboides was fractured and separated; the fragment lying below, and projecting externally beyond the malleolar process of the fibula. Firm steady pressure by the thumbs, directed forward and inward, reduced it, the fragment suddenly slipping into place. A roller was turned firmly around the foot and over a compress placed upon the fractured portion. The entire leg and foot



were then encased in felt, previously softened, and the whole dressing retained in place by a roller.

*December 2d.* From the instant the fracture was reduced, he has had no pain in the foot; he seems to be of sound mind.

Although unable to bear either foot in a pendent or vertical position without discomfort or pain, Lieutenant W——, at his own earnest request, was conveyed to his home.

The patient, who is restless and restive in disposition, very soon moved about, and has recently visited Washington City; I have been told he is not lame.

*Remarks.* The history of the above case of rare fracture is derived chiefly from notes by Passed Assistant Surgeon J. B. Gould, U. S. Navy, who was associated with me on duty when it occurred. The accident was probably caused by the sole of the foot coming in violent contact with some inequality, such as a small pebble, opposite to the anterior extremity of the os calcis.

About a week after this fracture, a boy of seventeen years of age, weighing probably less than a hundred pounds, attempted to desert, and leaped the wall at the same point. In his case there was severe contusion and sprains of both ankles, but no fracture. He was able to limp away nearly a half mile.

The influence of the meconate of morphia, as far as it could be determined by administration in the above and one or two other cases, does not differ remarkably from that of the other salts of morphia.

*Philadelphia, April 18th, 1850.*

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*Case of Rupture of the Uterus.* By THOMAS J. GALLAHER, M. D.  
(Read before the Young Men's Medical Association of Pittsburgh, Feb. 5th, 1851.)

Mrs. F., a hearty, robust, and healthy Irish woman, aged 30 years, was taken in labor, with her first child, on Friday, January 24th, 1851. In a short time the membranes gave way, when a large quantity of the liquor amnii escaped from the uterus, while the patient was yet walking about the floor. Her husband and some other men came into the house about this time, which frightened her so much that her pains entirely ceased. On the

following day, at one o'clock, P. M., her pains returned, when a midwife was sent for, who, upon an examination per vaginam, pronounced it a case of breech presentation, and on that account refused to take charge of it. At four o'clock, P. M., Dr. Cahill was called to the woman. He found the uterine contractions regular in their recurrence, and of usual frequency and intensity. The right elbow of the foetus was felt protruding through the superior strait. At this time the liquor amnii had been drawn off twenty-eight hours, in consequence of which, the walls of the uterus were so firmly contracted around the body of the child as to make it impossible to turn. No attempts of the kind were, therefore, made; the Dr. contenting himself with holding the arm to one side, so that if a favorable change should take place in the position of the child, the head might descend. This expectation, however, was not realized, as about 9 o'clock, the right hand descended through the os externum. Between eleven and twelve o'clock the woman had a few pains more severe than the rest, during which she shrieked, and said she felt something tear within her, after which she had no more.

Finding the woman no nearer delivery than when first called in, and noticing the occurrences of alarming symptoms, the Dr. now requested consultation. Dr. Draine was accordingly sent for. Dr. D. remained with her till three o'clock in the morning, in company with Dr. C. Shortly after the occurrence of the severe tearing pains, above mentioned, the contractions of the uterus entirely ceased. At this period the protruded arm was pushed without any difficulty above the superior strait, and laid along the side of the child. No hemorrhage had occurred to depress the patient, while she evidently was sinking, from some cause not known to the medical gentlemen present. At this juncture it was concluded to have further medical aid. Accordingly, between three and four o'clock, in the morning, I received a polite note from Dr. Draine, requesting my assistance in the case. On arriving, I learned the history of the case, as above given, and found the woman in a most deplorable condition. Her extremities were deathly cold, her pulse was imperceptible at the wrist, and the contraction of the womb had ceased for several hours. She threw up the contents of her stomach while I was sitting at her bed-side, and appeared in great agony, tossing about the bed.



Passing my finger into the vagina, I found the placenta lying loosely within the os externum, which I removed without difficulty. Finding the cord pulseless I cut it, when no blood flowed from its cut extremities. From this I well knew that the child was dead. On passing my hand up the vagina, I felt the right shoulder of the child, presenting at the superior strait, with its head in the left iliac fossa, and its back towards the abdomen of the mother. To the left of the child was a thick, rough and hard fleshy body, larger than my hand, which I could move slightly about. At this time I was unable to conjecture what this substance could be. The child could be moved about with great ease, and its vertex was brought to the superior rim of the pelvis without any difficulty, but then there was no contraction of the uterus to make it descend. My hand was then pushed higher up on the body of the child, when, to my surprise, it was encircled by the intestines of the mother. The conviction immediately flashed upon me that the uterus was ruptured, and that the child had escaped from its cavity to that of the abdomen. Examining the case still further, I found the child surrounded by intestines and omentum, while I was convinced that the rough, fleshy body already described, and lying on the left side of the mother, was the body of the uterus in a collapsed state. I could not ascertain how much of the uterus was implicated in the accident, but the whole superior part of the vagina, excepting some on the left side, was torn from its connection with that organ. The laceration was so extensive and gaping, that on the first introduction of the hand it was difficult to detect it.

On withdrawing my hand I informed the medical gentlemen present as to the condition of the uterus and vagina, and the situation of the child, and expressed my conviction that it was entirely unnecessary to deliver the woman, as she would assuredly die whether delivered or not, and the child was already dead. All efforts of the kind would merely give her unnecessary pain, without contributing to save her life. I insisted it was better to let her die in peace than to give her unnecessary torture. After some conversation on the subject, it was decided to abandon the unhappy sufferer to her fate.

Between eight and nine o'clock in the morning, Dr. M'Neal visited with us the patient, and fully concurred in the diagnosis

and prognosis of the case which we had made. He likewise concurred in the opinion that it was unnecessary to deliver her.

After suffering great pain from the supervention of fatal peritonitis, the patient died between six and seven o'clock the same evening. She lived at least nineteen hours after the uterus had been ruptured, and fifteen after the pulse had ceased to beat, and her extremities began to be cold.

No post-mortem examination could be obtained.

*Remarks.*—In most cases of rupture of the uterus, the organ is found in a morbid condition, but whether, in this case, there was disease, could not be ascertained. The inference to be drawn from the previously healthy condition of the woman, and the circumstances of the case, is, that the womb was not diseased before the commencement of labor. The cause of the rupture must therefore be explained on other grounds.

The presentation of the shoulder was no doubt the *predisposing*, whilst the frequent, powerful and long-continued contractions of the uterine fibres around the body of the foetus when it was immoveably fixed in the passages, were the *immediate* cause of the casualty.

Some one might ask, why not deliver at once when the nature of the accident was first discovered? I answer, had we seen the patient early, and detected the nature of the complication in time, it would have been our imperious duty to turn and deliver at once. This would perhaps have given the woman the only chance, slim as it was, of life. But why attempt to deliver her when the foetus is dead and the woman dying? It certainly would have imposed on the mother unnecessary pain. Another view of the case is,—Had we delivered the dying woman, and had she died shortly afterwards, as unquestionably she would, her friends, and the clamoring multitude always found in such places, would have blamed her death, and perhaps the child's, upon us, and trumpeted it to the world. Therefore, for the comfort of the woman, and the safety of our own reputation, we think we acted the proper part in abstaining from any unnecessary interference.

[From the conclusions of our correspondent we feel compelled to dissent. It appears to us that the nature of the accident was



evident sufficiently early to give the patient a chance for her life. since shortly after its occurrence the arm was pushed up and laid along the side of the child, and when seen by Dr. G., the body could be moved, and the vertex brought to the superior strait. Surely, at this time, the woman might have been delivered by version by the feet, and not left to her fate. Under such circumstances, it is even recommended, by high authorities, to perform the abdominal section, rather than let the woman die undelivered. In all cases where it is possible, the testimony is in favor of early delivery; and the cases of recovery confirm this decision, for in all but one or two, the women were delivered. In confirmation of the opinion which we thus advance in all kindness and respect to our correspondent, we cite the authority of Ramsbotham, Burns, Dewees, John Clark, Collins, Velpeau, Meigs, Siebold, Baudelocque, Boivin, Churchill, and others, many of whom express themselves in favor of delivery even when the accident has been of some hours duration, or the woman exhausted by constitutional shock and irritation. "The properest indication must always be to extract the child."

As regards the second reason for non-interference—to wit: the clamoring of the multitude—we can only say, "*fiat justitia, ruat cælum.*"—EDS. EXAMINER.]

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To the Editors of the Medical Examiner.

Gentlemen,—I beg to ask the favor of you to republish the following article, from the "American Journal of Medical Sciences," in the May No. of the "Medical Examiner," if practicable. The object of this request is to correct, as promptly as possible, some errors made in printing the original, and to give publicity to the explanatory note, which, contrary to my expectations, was omitted in the American Journal of Medical Sciences.

Very truly and respectfully yours, &c,

E. B. GARDETTE.

*Proposition to establish a Lectureship on Dental Surgery in the Medical Colleges.*

The undersigned, a practicing Dentist of Philadelphia, begs leave respectfully to call the attention of the trustees and

medical faculties of the medical schools of the United States to the propriety and advantages of establishing an adjunct professorship to the chair of surgery, in which the speciality of Dental Surgery may be taught to the medical student seeking knowledge in their institutions.

In making this suggestion, he indulges the confident belief that the existence of such a chair would be no less useful to those who may be compelled to practice some branch of Dental Surgery, as part of their duties in general surgery, than to the smaller number who may determine to embrace that speciality as their profession.

The undersigned would offer for your consideration some reflections that seem to render this proposal consistent, not only with the wants of the student of medicine and the public, but with the duty and the interests of the medical schools which may act upon this request in such form as seems most proper to their own judgment.

It will scarcely be assumed by any trustee, and still less by any member of a medical faculty, that the profession of the Dentist or its duties, are less important to mankind than any other of the specialities of surgery—whether of the oculist, the aurist, or the lithotomist; and therefore it is needless to consider such a question open for debate, or requiring argument in a country, especially, where the services of good dentists have been so widely and universally needed. It being granted, then, that the science itself is of equal importance with the other departments of surgery, it is an undeniable truth that, whilst all other specialities are taught and included in the professorships of medical schools generally, the principles and practice of dental surgery have received no attention, or certainly none that would permit the graduate of medicine to feel that he was qualified for the simplest duty of the dentist.

Such a state of things was perhaps an unavoidable evil when men could not be found who were competent to teach the principles of our science, and when there was need of a comparatively small number of dentists; and hence no such aid was then called for from the medical colleges. But at this time there would seem to be required about twenty-five hundred dentists, more or less, throughout the United States, which is sufficiently proved by the



fact that about that number are believed to be engaged in the practice of the profession, after some fashion or other—good, bad and indifferent; and to supply an increasing demand for well-educated dental surgeons, as well as to raise the standard of that profession, would appear to be a matter of common interest.

It is in evidence of the need of such improvement, that within a few years, two or three colleges of dental surgery have been established in this country under the sanction of charters from the States in which they are located; and without examining into their history or their influence upon the profession of the dentist, it is, at least, a source of regret that they must be regarded as the offspring of your neglect, and their very existence a reproach upon medical institutions for their unjust and exclusive course toward the science of Dental Surgery. It would seem an act of inexplicable unkindness to have thus singled out the profession of Dentist from among the specialties of Surgery, and forced it into an attitude of independent self-protection; but a gentleman who fulfils the duties of both medical practitioner and Dentist with such distinguished abilities as to be an honor to both professions, has traced truthfully the origin of the neglect of which the Dentist complains. The undersigned quotes from a valedictory address to the graduating class of Baltimore College of Dental Surgery, March 1850, when speaking of the early periods of the existence of a Medical Faculty:—

“They condemned, without stint, a calling they knew not how to practice, and a practice they knew not how to improve. Such of the faculty as were learned in their profession were found always competent and fully prepared to be oculists, aurists, or lithotomists, or to devote themselves to any other branch of the profession which their interest, inclination, or talents might determine, *except* that of dental surgery. This branch seemed to require something more than medical knowledge; it required great mechanical skill—an education of the hand as well as of the head—a kind of education they had not received and knew not where to acquire, and yet affected to despise. The necessities of the community cried aloud to them for help—a help which they could not bestow. This drove many sufferers to seek dental aid out of the medical profession, and to obtain that help which mechanical genius alone could supply. At this the profession seemed mortified and chagrined, and loudly mocked at those who

dared to supply their delinquencies, and united as one man in deriding the uneducated dental mechanic. They first created the necessity for an empiric, and then croaked forth their withering contempt on the creature their own ignorance had made."

Thus has dental surgery been left to struggle through endless impediments and difficulties, instead of being regarded as a link, however humble, in the great chain of medical science, which should with patriarchal strength and harmony foster and embrace every branch of the healing art.

It is now believed that, among the number of medical students who attend each of the schools, there are many who would gladly devote themselves to the speciality of dental surgery, and it is from among these, and at the early age at which they generally devote themselves to medical studies, that good Dentists could be formed; they should still be required to earn and receive a diploma with the title of M. D., as a guarantee of fitness to practice and a claim to confidence as dentists. Even among the number that annually graduate, either to practice medicine generally, or limiting their attendance to their own families and dependents at the South, a correct knowledge of the theory and practice of dental surgery, such as might be derived from a course of lectures, would be highly valuable. And it is believed there would not only be a direct increase of good Dentists, but a desirable addition to the number of those who should be competent to determine what constitutes a good dentist.

The establishment of separate schools for each speciality in medical science (and why should there not be for the Oculist, or the Aurist, as well as the Dentist?) would appear to be the dismembering of a great family, thereby lessening its influence for good, as well as that power which is justly derived from an *esprit de corps* subsisting in every branch of an elevated and honorable profession. In this expression of opinion as to the ultimate tendency of dental colleges, the undersigned is actuated by no unkind, selfish or invidious feelings, but, on the contrary, he gives due credit for the efforts that have been made and are making to improve the profession; and to the Baltimore College of Dental Surgery he is personally grateful for acts of courtesy and kindness towards himself, and to the memory of his father. In these Institutions it appears that the majority of Professors are medical men, and in some instances, teachers also in medi-



cal colleges, thus performing double duty. Would it not seem more consistent and reasonable to attach *one Dentist*, in the capacity of teacher, to a *Medical Faculty*, than to get up a *Dental Faculty* chiefly composed of *Medical men*?

The Dentist must be the teacher of Dentistry, and his profession is but an atom of Medical Science: it is in vain for him to attempt independence, or play the part of King Canute's flatterers to medical men: the tide of improvement in Dental Surgery thus far with all respect and due deference) is not under the control of the Doctors.

The educated dentists in the various parts of the United States are sufficiently numerous, it is believed, to fulfil such duties as might be assigned them in each of our medical colleges. The students who now attend the dental schools would in this event be added to the number of matriculants in the medical classes of the country, and the need of separate institutions would cease.

Frequent occasion for consultations between the physician, the surgeon, and the dentist, has been felt by almost every practitioner of medicine, as a necessary consequence of the connection and sympathy reciprocally existing between the teeth and many serious disturbances of the general health: such sympathies would naturally seem to suggest the mutual dependence between the physician, the surgeon, and the dentist, and should be a good reason for some similarity and sympathy in their modes of education. The benefits from such a state of things as the mind can readily anticipate would not rest here; medical men would sometimes, no doubt, receive important aid from the dentist, in tracing to their true origin many diseases of the head and face that now baffle their skill.

Whatever action your medical faculty or board of trustees may see fit to take in reference to these suggestions, and the object they are designed to promote, the undersigned may at least respectfully urge that they would seem to demand fair and kindly consideration, as involving matters of deep concern to the community, for whose safety and advantage all medical learning is sought, and medical colleges instituted and fostered.

E. B. GARDETTE.

NOTE.—It may be proper to state that this paper had been some weeks in the hands of the editor of the *American Journal*

of Medical Sciences, for publication, when the writer was called upon to sign a petition to the Legislature of Pennsylvania for the establishment of a College of Dental Surgery, to be located in Philadelphia. This application for his name being the first knowledge he had of the existence of any such scheme, he could not join in its objects consistently with the opinions already promulgated. And besides, he has learned that a charter for a Dental College had been already obtained from the previous Legislature by Dr. J. R. Burden, who has not put it in active operation from the difficulty of finding suitable Dentists to fill the chairs.

E. B. G.

## CLINICAL REPORTS.

### PENNSYLVANIA HOSPITAL—*Surgical Wards.*—*Service of* Dr. NORRIS.

*Cases discharged from November 1, 1850, to March 1, 1851.*

						Cured.	By request.	Died.
Abscess,	-	-	-	-	-	10	0	0
Anthrax,	-	-	-	-	-	1	0	0
Boils,	-	-	-	-	-	1	0	0
Burns and scalds,	-	-	-	-	-	2	0	3
Calculus,	-	-	-	-	-	0	0	1*
Caries,	-	-	-	-	-	2	0	0
Cancer,	-	-	-	-	-	1	2	0
Cataract,	-	-	-	-	-	1	0	0
Concussion of spine,	-	-	-	-	-	1	0	0
Conjunctivitis, (Chronic,)	-	-	-	-	-	1	0	0
Contusion,	-	-	-	-	-	23	0	0
Fistula in ano,	-	-	-	-	-	1	0	0
Fractures, simple,								
Arm,	-	-	-	-	-	5	0	0
Clavicle,	-	-	-	-	-	5	0	0
Forearm,	-	-	-	-	-	5	0	0
Jaw,	-	-	-	-	-	1	0	0
Leg,	-	-	-	-	-	6	0	0
Pelvis,	-	-	-	-	-	1	0	0
Thigh,	-	-	-	-	-	12	1	0
Fractures, compound,								
Arm,	-	-	-	-	-	1	0	0
Finger,	-	-	-	-	-	2	2	0
Jaw,	-	-	-	-	-	1	0	0
Toes,	-	-	-	-	-	2	0	0
Foot,	-	-	-	-	-	1	0	0
Forearm,	-	-	-	-	-	1	0	0
Leg,	-	-	-	-	-	3	0	1

\* Scarlatina.



					Cured.	By request.	Died.
Gangrene of foot,	-	-	-	-	1	0	0
Gonorrhœa,	-	-	-	-	2	3	0
Hæmorrhoids,	-	-	-	-	2	0	0
Hydrocele,	-	-	-	-	3	1	0
Inflamed arm,	-	-	-	-	1	0	0
“ hand,	-	-	-	-	1	0	0
“ knee,	-	-	-	-	1	0	0
“ leg,	-	-	-	-	1	0	0
“ breast,	-	-	-	-	1	0	0
“ face,	-	-	-	-	1	0	0
“ eye,	-	-	-	-	1	0	0
“ finger,	-	-	-	-	1	0	0
“ bladder,	-	-	-	-	0	1	0
Inverted toe nail,	-	-	-	-	1	0	0
Iritis,	-	-	-	-	1	0	0
Luxation,	-	-	-	-	5	1	0
Necrosis,	-	-	-	-	1	0	0
Moveable cartilage in knee joint,	-	-	-	-	1	0	0
Paronychia,	-	-	-	-	4	0	0
Retention of urine,	-	-	-	-	0	1	0
Sprain,	-	-	-	-	1	0	0
Staphyloma,	-	-	-	-	1	0	0
Stricture,	-	-	-	-	1	0	0
Syphilis,	-	-	-	-	22	8	0
Tumor of abdomen,	-	-	-	-	0	1	0
Ulcers,	-	-	-	-	10	4	0
Wounds,							
Gunshot,	-	-	-	-	6	0	0
Wounds of abdomen,	-	-	-	-	2	0	1
“ arm,	-	-	-	-	4	0	0
“ eye,	-	-	-	-	2	0	0
“ finger,	-	-	-	-	0	1	0
“ foot,	-	-	-	-	1	0	0
“ scalp,	-	-	-	-	11	0	0
“ tongue,	-	-	-	-	1	0	0
“ throat,	-	-	-	-	1	0	0

NOTE.—I am indebted to the librarian for the above table.—J. J. L.

The following pages, though possessing neither special interest nor novelty, are taken from some notes made during the winter.

*Abscess.*—Under this head are included several cases of mammary abscess, occurring in nursing women. The writer is not aware that in the treatment of this distressing affection, there is anything peculiar to this hospital. The plan of encompassing the gland, after the acute inflammation has subsided, with broad straps of adhesive plaster, applied from its base, is generally adopted, with, it is believed, much benefit, not only by the support given to the depending breast, but in promoting by its com-

pression, the filling up of sinuses and the discharge of pus from the part.

*Burns and Scalds.*—A large number of burns and scalds have been under care since last report. These have been treated, as mentioned in the 12th No. of the *Examiner*, 1849, varied to meet particular indications.

A distressing case of burn from sulphuric acid, is now under care. The patient, a robust laborer aged 26, was admitted January 19th, 1851, a pitcher full of oil of vitriol having, fifteen hours before, been thrown at his face, by an Irish girl, in revenge for some real or imaginary insult.

The forehead and upper half of the face, the eye-lids and both scleroticæ, were completely cauterized, presenting the appearance of moistened kid leather. Through the partially opaque corneæ the pupils were seen, dilated but immoveable, and were subsequently found entirely insensible to the light, the nerve having been paralysed by the injury. Though complaining somewhat of pain, the man seemed to suffer most from fear of blindness, having been unable to see since the receipt of the injury.

The usual application of lint wetted with lime water and sweet oil was made to the face, and the solution of sulphate of morphia in tea-spoonful doses four times daily was given.

On the fourth day, sloughing of the eye-balls was found to be taking place; the linimentum calcis was laid aside, and slippery elm mucilage during the day, and the poultice at night, were substituted. Continued the use of the anodyne and a good diet. 24th. Great restlessness and some delirium. 25th. Succeeded in leaving his bed while sweating profusely, and wandered about his room. 27th. To-day has pneumonia of the right lung, slightly involving the left lung—pulse frequent and feeble. *R.* Hyd. chlo. mit. gr.  $\frac{1}{2}$  opii. pulv. gr.  $\frac{1}{4}$  q. s. h.

28th. Percussion dull over the right lung, crepitant rale heard throughout the left lung—loud tubal respiration—says he is unable to breathe—pulse 120 and very feeble. Omit the calomel and opium and substitute ammon carb. gr. v., syr. senegæ f. ss. every two hours—brandy punch, wine-glassful every three hours.

On the 30th, the patient had improved, and from this time the



pneumonia symptoms gradually disappeared. The separation of the slough from the forehead was followed by copious hemorrhage which could only be arrested by tying the temporal artery.

Pus, and destroyed tissues, continued to be discharged from the eye-balls for a length of time. On the 10th of February, he was permitted to sit up;—total destruction of both eyes had now taken place, and a large ulcerated surface of the face, forehead and eye-lids remained. Cicatrization of the ulcers has gradually taken place, and the man is now able to walk abroad, and will probably be soon discharged.

*Dislocation of the (tarsal) scaphoid bone.*—This somewhat singular accident happened to a large, but pale and sickly man, aged 40, who was brought to the hospital, February 13, 1850. The history was imperfect, but so far as could be learned, the patient, while in the delirium of fever, had leaped from a window about twenty feet high, alighting on "the ball" of the foot. There was a very marked prominence on the upper surface of the foot immediately posterior to the articulation of the first metatarsal bone, and the man complained of pain on attempting any movement of the foot. The integument was tense, but there was no external wound.

An assistant having been directed to secure the leg, reduction was effected by placing the left hand on the foot immediately in advance of the leg, while the right hand firmly grasped the extremity of the metatarsal bones at the same time that the thumb was pressing back the prominent bone. Strong traction having been made, the bone suddenly yielded, slipped into its place with a snap, the patient screamed with pain, and the deformity at once disappeared. A figure-of-eight roller was applied over the foot, and the man closely watched. At the end of twelve hours this was removed, but no increase of swelling existing, it was re-applied. The man remained in the house several weeks under treatment for his febrile affection, but no unpleasant result followed the injury to the foot. At the time of his dismissal he walked with a cane without difficulty.

*Paronychia.*—Persons with this affection generally do not apply for aid at the hospital until matter has freely formed, has travelled beneath the fascia, destroyed the periosteum, and pro-

duced the death of the bone. Scarcely a week passes that this last result of the neglect of a free opening is not seen. It is believed that this opening can hardly be made too early, for though but little pus may have formed, yet the local depletion thus obtained will prove of benefit. Of whitlows and boils during the summer, there were so many cases as almost to give the affections the character of an epidemic.

*Ulcers.*—Although most of the cases under care are those of acute disease, it is impossible to avoid receiving a few of the kind here mentioned. The treatment of these, more especially of ulcers of the leg, is so simple as almost to be reducible to a single formula.

After he has been thoroughly cleansed by a warm bath, the patient is put to bed, the leg placed in a fracture box and slightly elevated. Over the ulcer and adjacent parts, a large but light flax-seed meal poultice covered with oiled silk is laid, to be renewed every twelve hours. If the tongue be coated and the bowels constipated, five or six grains of blue mass, followed by castor oil, are given.

For the first day or two, little is effected by the poultice, but the removal of the dirt and hardened discharge which have been allowed to accumulate, and which water alone will scarcely remove. If the ulcer be covered by a slough, the poultice is continued until this has separated; if on the other hand it presents a raw, jagged, indolent, unhealthy appearance, the stick of lunar caustic is thoroughly applied over the whole surface of the sore. In either case, after a few days, the slough separates leaving a healthy granulating surface. The poultice is now laid aside, and lint wetted with lime-water or cold water, is substituted; this is kept wet; if protected by oiled silk it is changed twice, or at least once in twenty-four hours. Once in twenty-four hours the ulcer and parts adjacent are thoroughly washed by a soft sponge with water and castile soap; and, to avoid any danger of contagion, each patient is provided with basin, soap and sponge, to be used for him alone.

If, as is very often the case, the patient should be anemic, or there should exist any vice of constitution, the syrup of the iodide of iron, from five to fifteen drops, or a pill containing of Vallet's proto-carb. of iron gr. iij, sulphate of quinia gr. iij, thrice



daily is prescribed. In cases of syphilitic or scrofulous origin the iodide of potassium or cod liver oil is respectively given. Cicatrization generally goes on steadily. If this be tardy or the granulations become flabby, they are lightly touched with the solid lunar caustic.

At this time pressure is generally made use of; either by means of a few adhesive straps applied in such a way as not to retain the discharge, or a roller alone is firmly placed over the entire limb and its dressing. When the ulcer has cicatrized, the roller is still retained, and the patient directed to wash the part clean with a little soap and water daily. When additional support is deemed necessary, straps of adhesive plaster as recommended by Baynton and Critchett, are applied to the entire limb.

This simple treatment is found sufficient for many unpromising cases. Occasional benefit is derived by alternating with the wet dressings, the cerates of carbonate of zinc, or sub-acetate of lead.

For a year past there has been but little erysipelas in the wards; during the month of February there were a few cases. It has seemed to the writer that in some cases of indolent ulcer, a mild attack of erysipelas rather promoted than retarded cicatrization. There has recently been a tendency to the formation of vesications, of the newly formed cuticle, containing an irritating serum. The evacuation of the fluid and the application of the water dressing has been generally found sufficient to arrest this.

*Wounds.—Wound of the throat.* A German tailor, aged 21 years, was admitted on the night of December 26, 1850, having a few hours before, while intoxicated, made an incised wound of the throat, with a sharp bread-knife. There was an external wound of between six and seven inches; and on examination it was found that he had cut through the thyro-hyoid membrane, shaved off the corners of the thyroid cartilage, and completely divided the lower part of the pharynx, laying bare on either side the carotid arteries, which could be seen for several inches pulsating in their places.

There was but little hemorrhage, yet the man was in a prostrate condition, from which he speedily reacted under the application of

heat and sinapisms; the little oozing of blood being readily checked by dry lint.

A little water dropped in the mouth passed out at the opening in the throat, and was followed by a violent fit of coughing; the edges of the wound being retracted, when the man was on his back, to the width of four fingers.

On the following morning a secretion of mucus had taken place, which the patient endeavored in vain to bring to his mouth, and which was so copious as to render it necessary to use a sponge attached to a whalebone, to remove it. The treatment determined on and subsequently pursued was as follows: The patient was placed in such a position as most facilitated the escape of the secretion. A piece of gauze, and over it linen spread with cerate, was loosely laid over the wound. Twice daily a large gum catheter was introduced in the œsophagus through the opening in the throat, and barley water or thin arrow root injected. To moisten his mouth a wet linen cloth and small pieces of ice were used.

In three days' time granulations were found to be springing up, and contraction of the external wound had taken place. On the fifth day after the receipt of the injury, the patient was able to swallow small quantities of thin broth, and the catheter was dispensed with.

At the expiration of a fortnight, the secretion having very much diminished, a stout muslin cap with long tapes attached, was fitted to his head, the chin brought down to the chest, and the whole retained by attaching the tapes to the thigh. The wound speedily filled up; in four weeks time he was allowed small pieces of bread, which he swallowed without difficulty.

There now remain two slight points of ulceration, one of which is kept up by the necrosis of a portion of the cartilage, several small pieces of which have come away. The other, now about the size of a fine probe, connects with the larynx; but under the application of sulphate of copper, is closing. He now eats meat without difficulty. Although unable to articulate as loudly as before, he is rapidly regaining his voice.

In this case, the old fashioned method of retaining the divided parts by sutures was entirely avoided, experience having proved it, as is well known, both inefficient and injurious. Rest,



position, the cap, and after a time, gentle traction with adhesive plaster, and the occasional touching of the ulcer with lunar caustic, were the means made use of, with a result highly satisfactory.

JAMES J. LEVICK, Resident Physician.

*Pennsylvania Hospital, March, 1851.*

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### BIBLIOGRAPHICAL NOTICES.

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*The Pharmacopœia of the United States, by authority of the National Medical Convention, held at Washington A. D. 1851. Philadelphia ; Lippincott, Grambo & Co., 1851.*

This is the fourth issue of our National Pharmacopœia, promulgated on the highest medical authority which exists in this country, a convention formed by representatives, consisting of physicians and pharmacutists, from all sections of its vast domain. Every portion of the Union is entitled to representation in the formation of this work, and the fault of failure to take part in it lies solely at the door of the medical corporations. The present edition is the third revision.

The history of the Pharmacopœia is, perhaps, familiar only to those who are conversant with the progress of Pharmacy in the United States. More than thirty years ago the necessity of such a work became apparent, and it was determined, by public spirited men of high scientific acquirements, to accomplish it. The difficulties which were encountered and overcome, constitute a part of the records of the time, and may be learned from the medical periodicals then issued. Each succeeding edition has to a greater extent confirmed the ideas entertained of its necessity and importance.

From an examination of the present edition, it is evident that careful labor has been expended, to make it accord with the great progress in medical and pharmaceutic research, which has characterized the last decennial period.

After an historical introduction, which details merely the forma-

tion of the Convention, and the mode in which the revision was effected, we are presented with a preface, containing information highly interesting. We refer to that which pertains to the plan which has been adopted, and to an exposition of the general principles on which it has been founded.

The older members of the profession may recollect that the original work was published in the Latin tongue, that the subsequent edition was in Latin and English, and the next in English only. The present revision is as the last, in English. Much may be said upon both sides of the question, was it expedient to drop the Latinity? In the ancient language of science more of learning and dignity is displayed undoubtedly, but this is lost in the necessary accommodation of expression to the new discoveries and processes which require exposition. Pure classical Latin, the Latin of Celsus, cannot accommodate itself to the hundred requisitions of speech not dreamed of in his philosophy, and such Latin as can at the present time be framed, is a caricature on ancient learning.

The argument has been used, that the Latin is the language of science. It was at one time the language of the learned, but at a time when other languages were in formation, when there existed a necessity for a general medium; the necessity does not exist at present. More, now, can read English than Latin, and write it also, which was not the case when the latter was in vogue. The object of using any language is general utility, and this, with the reasons given, was, with the framers of the Pharmacopœia, conceived to be ample justification for the introduction of our own vernacular. They might have cited precedents in the Codex, the Edinburgh Pharmacopœia, and the late edition of the Dublin.

What is true with respect to common familiar directions for the formation of preparations, is not so with respect to nomenclature. A classical foundation is here most productive of what a nomenclature should be, "simple, expressive, distinctive and convenient." The pages which are devoted to an exposition of the principles adopted in the formation of the nomenclature, are full and explanatory. They should not be perused, but studied.

From the great fulness of the original list, an opportunity has been given of introducing but few additional medicines.



Those added have been cautiously admitted, and consist of such as have, by strong testimony, claims to admission. We notice seventeen such additions. The advance of science and discovery, however, has entailed greater amplification with respect to preparations, and fifty-three new ones have been accordingly introduced; while the medicines dismissed consist of three, and the preparations are two in number. How much more the work embraces than the former issue, may be judged of from the foregoing statements.

Among the articles introduced, we find Aconite Root, Extract of Hemp, Cod Liver Oil, Citrate of Potassa, Nitrate of Lead, as well as some articles long used, but heretofore not having a place in our Pharmacopœia. Upon turning over the list of the materia medica, it will be found that changes have been made in nomenclature, of which it is of consequence that physicians should be aware; thus, for Myroxylon and Tolu, in the former editions, are substituted Balsamum Peruvianum, and Balsamum Tolutanum. This became necessary from the change in the name of the plants affording the articles, which are now regarded as species of Myrospermum. Brominium and Iodinium are here found instead of Brominum and Iodinum, a change made to render the nomenclature uniform with that of the British Colleges. Many other changes of the kind are met with, and in order to avoid a misunderstanding, the old names are placed in brackets alongside of the new. The botanical names appear to have been made generally to conform with the advance of this science, hence the substitution of different generic and specific appellations for some to which the ear had been long accustomed; thus Assafoetida is referred to the *Narthex Assafoetida*, Colocynth to the *Citrullus Colocynthis*, Camphor to *Camphora Officinarum*, Cinnamon to the *Cinnamomum Zeylanicum* and *Aromaticum*. The name of only one chemical, so far as we have discovered, is thus changed, and that is *Zinci Carbonas* to *Calamina*.

A difficulty has always existed with respect to the strength of nitric acid, which could with difficulty be procured of the old standard, sp. gr. 1.5. To accommodate the chemical manufacturer, the specific gravity of 1.42 has been authorized. A chemical sanction for this is given by Mr. Graham, who states that an acid of the strength adopted, is the "proper nitrate of

water; and of the four atoms of water which it contains, one is combined with the acid as a base, and may be termed basic water, while the other three are in combination with the nitrate of water, and may be termed the constitutional water of that salt."

The introduced preparations are so numerous, that we have not space to enumerate them; a few selected ones will answer our purpose. The *Ferri Pulvis* occupies an important position, at the present time, among the preparations of iron; this is the reduced oxide of iron by hydrogen, which is sometimes known as *Quevenne's iron*, for an abundant domestic supply of which we are much indebted to Prof. Procter. It is the most effective of the preparations of pure iron. Chloroform, Collodium, Glycerina, *Zinci Carbonas Præcipitatus*, *Arsenici Iodidum* are others most prominent.

There is a class of preparations which are entirely new in a *Pharmacopœia*, that of fluid extracts. These preparations are composed of substances whose active principles can be isolated by the proper solvents, and a concentration of them effected, so as to administer the proper dose in the least bulk. Such are the Fluid Extract of Rhubarb, Fluid Extract of Senna, &c., which are, notwithstanding their elaborate preparation, efficient medicines.

We may, in conclusion, remark, that the edition of 1851 is the most elegant of all the editions which have been given to the public. In paper and typography it far exceeds the issue of 1842; independently of its scientific merit, in this respect, it is a most creditable addition to our medical literature. Our only regret is, that the high price at which it is placed will serve to keep it out of the hands of the profession, rather than to facilitate its introduction where it is most desirable it should be in daily use.



*On the Diseases of Menstruation and Ovarian Inflammation, in connection with Sterility, Pelvic Tumors and Affections of the Womb.* By EDWARD JOHN TILT, M. D., Physician to the Farrington General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. "*Omne animal ab ovo.*" New York: J. S. & W. Wood, 1851.

The object of the work of Dr. Tilt is to show how inflammation, by reacting on the ovaries, produces diseases of menstruation, sterility and uterine disease; and although we are, for the most part, inclined to look with suspicion upon the productions of of hobby-riders, we are free to confess, that we have risen from the perusal of this little volume with a deep sense of the indebtedness of the profession to its author for the aid that he has afforded them in clearing away much of the obscurity of uterine pathology.

The work opens with six preliminary questions, followed by a prolegomenon in which the subject of ovarian inflammation is introduced; the confusion relative to its history discussed; its frequency proved by that of inflammatory morbid tumors in the ovaries; the reason for the past neglect of ovarian pathology; the ignorance of ovarian physiology, and the pre-eminence traditionally assigned to the uterus among the organs of reproduction; the difficulty of exploring organs so small and so deeply seated; the similitude of many of the symptoms of sub-acute ovaritis to those of inflammation of the womb; the popular conviction that menstruation is a natural function, and that there is no remedy for whatever evils may attend it; the repugnance of patients to submit to the necessary modes of investigation; the repugnance of physicians to press for it when not imperatively demanded; all of which subjects are treated in a lucid manner by the author. After this comes a sketch of ovarian bibliography, a section on the different ovarian explorations:—by the abdomen, the vagina, the rectum, and the double touch.

The body of the work is divided into nine chapters, of which the first five are occupied in the discussion of sub-acute ovaritis, its causes, symptoms, terminations and treatment; whilst the last four are devoted to acute ovaritis, its causes, diagnosis ter-

minations and treatment. A few extracts will better enable our readers to understand the style and mode of treating the subject, by our author, than any written description of our own.

“SUB-ACUTE OVARITIS.

*Syn.*—Chronic ovaritis; secondary pelvic inflammation. (Dr. Kennedy.)—Abdominal inflammation.—Menstrual colics.—Amenorrhœa.—Dysmenorrhée hystéralgique. (Géndrin.)—Dysmenorrhœa.—Menorrhagia.—Hysteria.

*Def.*—Swelling of the ovaria, with increase of heat, and pain upon pressure, accompanied by intermittent or permanent pain or uneasiness in the ovarian region, radiating to the loins and thighs, and producing, according to the constitution of the patient, an arrest of menstruation, or its profuse flow, intense local pain, or hysterical symptoms.

By *sub-acute* inflammation, as distinguished from *acute*, we do not so much imply a difference in the intrinsic nature of the morbid phenomena, as a limitation of the inflammatory action to certain distinct parts of the ovaries, as the ovarian follicle, and to portions of the ovarian tissue so small that they give rise to little swelling, and to no febrile action; and here we may point out, as peculiar properties of the sexual system in women, the liability to inflammation of certain portions of the generative apparatus, in which the others may not participate—a peculiarity to which the ovary is still more liable, on account of its complex structure.

Sub-acute ovaritis, whether primarily developed as such, or supervening on the acute inflammation of the ovaries, is necessarily a chronic disease, from the circumstance of the ovaries being subject to a periodical augmentation of nervous and sanguineous excitement. Chronic ovaritis is always sub-acute; and as sub-acute inflammation of the ovaria is often present without being chronic, we have thought it best to adopt the appellation common to them both, instead of that generally made use of. Sub-acute ovaritis is by far the more common, and, therefore, we will first proceed to its investigation.

It is evident, however, that in the determination of causes, in the symptoms, and in the treatment of these two diseases, we shall find a great similarity, we shall also find that they may pass the one into the other, the sub-acute being exasperated into the acute, while acute ovaritis sometimes becomes sub-acute, or chronic, as it is then generally termed.

We admit, then, two forms of ovaritis—1st, the sub-acute; 2nd, acute ovaritis; and, in attempting for the ovaries what has been so felicitously done for other organs, we will endeavour to show that the groups of symptoms associated under the classic names of amenorrhœa, dysmenorrhœa, menorrhagia, and hysteria, are often the mere symptoms of sub-acute ovaritis.

We stand not alone in this belief. Joseph Frank and Dr. Chester hold the same creed. Dr. Robert Lee is much of the same opinion. Clarus distinctly says, that he considers the disorders of menstruation as the symptoms of chronic ovaritis; and Dr. Rigby strenuously advocates the same doctrine.”



Again, in describing the symptoms of sub-acute ovaritis, the author gives the following clear account :

The patient experiences a dull pain in the ovarian region, often imperceptible when she is in a state of repose, but brought on by walking, riding, by any sudden movement, or even by pressure on the side. The pain is also increased by the act of straightening the thigh upon the pelvis, as in the erect posture, by which the integuments are put upon the stretch, and pressure is thus exerted over the part. Some patients are unable to maintain the erect posture without resting the foot of the side affected on a stool, so as to keep the thigh more or less bent upon the pelvis, whereby the integuments, &c., are relaxed. Radiating from the ovarian region, the pains are felt across the loins; they descend towards the thighs and fundament, and are of a dull, dragging, heavy, and sometimes of an overwhelming nature. They are distinguished by the patient from other pains resembling colic, and which depend on uterine contractions, although both species of pain may be experienced at the same time; they are likewise to be distinguished from those *superficial* pains which are caused by reflex nervous action, and which so frequently accompany every species of disorder of the organs of generation. They are, however, seldom so acute as to induce the patient to seek for advice. She may submit to them for years, but should she find them so wearisome to mind and body as to be led to seek advice upon her case, she is frequently treated for uterine disease. This is owing to the opinion, adopted by Hippocrates, and still too implicitly believed, that the uterus is the principal organ of the generative system, and that to the morbid condition of this organ are to be attributed almost all the sufferings of women. Should the patient be married, connexion awakens and renders more or less acute the pains we have described. Ocular inspection, and an attentive manual examination, however, will, in some instances, prove that it is not painful when touched, nor does it present much appearance of disease. In sub-acute ovaritis, the hands placed on the iliac regions can sometimes detect an increase of heat; but these symptoms of ovarian inflammation are overlooked, or attributed to disease of the womb, inflammation of its neck, or to that scape-goat of uterine pathology, only known in England, and called irritable uterus—a disease regarded as neuralgia by some, as a form of dysmenorrhœa by others, and which, having the same symptoms as sub-acute ovaritis, we suppose sometimes to be one of the legionary names of that disease. The late Dr. Ingleby noticed that the descent of the ovaries on the vagina produced in one of his patients all the symptoms of the disease called irritable uterus.

The author then proceeds to show how amenorrhœa, dysmenorrhœa, menorrhagia and hysteria, may be traced to this pathological condition of the ovaries, and sterility and uterine inflammation be secondarily established. We wish that time were allowed us to lay before our readers an extended analysis of this

excellent work. We never regret our circumscribed limits so much as upon occasions like the present; but if what we have presented shall induce any to procure this book, and read for themselves, we promise them that they will find material for thought that may dispel much of the obscurity with which this subject is invested.

Indeed the whole subject of ovarian physiology and pathology is, in the language of Dr. Laycock, "too interesting to require any other introduction to the world than its own merits. In support of this proposition, the philanthropist might observe, that all the best feelings of humanity should urge us to continued effort for the welfare of the sex; the political economist might advance, that the power of a people is indissolubly connected with the physical well-being of its females."\* In the reproductive system, the ovaria are the all-important constituents; upon them depend the sexual characteristics, and from their pathological condition springs a train of ills too often as little understood as the physiological condition upon which they are based.

The work of Dr. Tilt ends with the following *conclusion*, expressing the deductions to be derived from the preceding pages.

'How does inflammation, by reacting on the ovaries, produce diseases of menstruation?' This was the last of our introductory questions, and if the reader has carefully followed us in our attempts to solve it, he will have seen that in studying the influence of inflammation on the ovaries, and in describing its peculiar characteristics, we have unavoidably detailed those groups of symptoms generally known as *diseases of menstruation*. We think we have successfully shown that these diseases are often the consequences of structural lesions of the ovaries, being in some instances the immediate result of such structural lesions, while in others, sub-acute ovaritis produces diseases of menstruation by the *induction* of organic lesions in the neck of the womb.

We think the following practical deductions, from our previous enquiries, express some truths respecting diseases which are as frequent as they have been hitherto little understood.

1. That amenorrhœa is often the result of sub-acute ovaritis, sometimes the result of the uterine engorgement which it determines.
2. That dysmenorrhœa is often the result of morbid ovulation, and often a symptom of ovarian peritonitis. That frequently sub-acute ova-

\* A treatise on the nervous diseases of women, comprising an inquiry into the nature, causes and treatment of spinal and hysterical disorders, by Thomas Laycock, M. D.



ritis, by determining the inflammation and swelling of the neck of the womb is a mediate cause of dysmenorrhœa: the painful symptoms being, in many instances, produced by the partial closure of the neck of the womb, and the consequent effusion of menstrual secretion into the peritonæum.

3. Acute ovaritis, which, by some unexplained process, disposes the engorged uterus to let the vital fluid run to waste.

4. That sub-acute ovaritis, by inducing cerebro-spinal reflex action, in certain pre-disposed subjects, is the most probable cause of hysteria.

We think we have given a sufficient number of cases to illustrate our views. To corroborate them further, would have required a greater space than could be conveniently comprised within the limits of one volume; but if there be truth in what we have advanced, sufficient has been said to put more able observers on the right track; and if we are wrong, the sooner we conclude the better.

We cordially recommend this little work to our readers.

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*History of Medical Education and Institutions in the United States, from the first settlement of the British Colonies to the year 1850; with a chapter on the Present Condition and Wants of the Profession, and the Means necessary for supplying these Wants, and elevating the character and extending the usefulness of the whole Profession.* By N. S. DAVIS, M. D., Prof. of the Principles and Practice of Medicine in Rush Medical College, &c. &c. &c. Chicago, 1851.

The last chapter of this book, like the postscript of a lady's letter, affords the key to the object with which it was written. We were at a loss for the motive which could have induced the publication of so very dull a réchauffé, (deficient even in the cardinal merit of accuracy,) till some concluding allusions to an institution mentioned in the title page, served to point the moral which we sought, and developed a very ingenious *Annual Announcement* of the "Rush Medical College, located at Chicago, Illinois." With, however, this indirect advertisement of the college, illustrated by the services of Dr. N. S. Davis, in the chair of Principles and Practice of Medicine, we have little concern. But we feel called upon to expose and condemn a very discreditable reduction of the lecture fees, which has been adopted by the Professors of the institution in question.

It appears that the faculty of the Rush Medical College have lowered the expenses of a full course, of seven lectures, to the gross

amount of thirty-five dollars; and Dr. N. S. Davis advocates, or rather threatens a further reduction to twenty-five dollars. The obvious purpose of this proceeding is to underbid the neighboring schools. And a degrading competition is invited, (although we trust the influence of such an institution must be powerless,) fatal to the dignity and efficiency of medical instruction.

We need hardly waste an argument against this most pitiful violation of professional propriety. That its only effect will be to consign the originators of the scheme to merited obscurity, we have every confidence. For we believe that the students will estimate these gentlemen at the value they set upon themselves. But we think it our duty to notice the first movement—no matter how insignificant the quarter in which it may appear—in a course which must drive men of talents and attainments from the control of medical education. The subject will, we are glad to see, be brought before the next meeting of the National Medical Association, which we have no doubt will express itself decidedly in the matter.

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*Operative Surgery.* By FREDERICK C. SKEY, F. R. S. Philadelphia. Blanchard & Lea, 1851. pp. 661.

There is certainly no branch, at least of surgical knowledge, in which we have been more abundantly favored in this country with works of all shapes, sizes and pretensions, in each of the three leading European tongues, than this of operative surgery. It seems to be the alpha and omega of many of the greater as well as the lesser lights of the great chirurgical galaxy. It has too often proved the last as well as the first theme of professional inspiration on both sides of the Atlantic. Indeed, more than one instance might be named among French authorities of note, in which it has been literally the standing labor of love throughout a life time, and yet proved to be only in the course of progress at the close of a career which left it to be carried on, often in the same snail's pace, by some equally voluminous but longer-lived apostle. In view, then, of this ample previous display of skill and learning, we may well pause to enquire into the claims of one who comes to us unheralded by any flourish of



trumpets beyond what is sounded by himself, and supported only by the prestige of his own name and station as an "F. R. S."

It is fair, however, to remember as a matter of course that Mr. Skey has had no part or lot in the reprint now before us; and that he intended solely to address those to whom his high standing as a London practitioner and a member of the Council of the Royal College of Surgeons, as well as assistant surgeon of St. Bartholomew's, had long made him favorably known. In this connection we feel bound to say, that the author has not had the chance which we think should be given him in a reprint; for although the letter press appears to be faithful, and the book generally to have been well gotten up, the illustrations are decidedly inferior to those of the original. In this important particular, at any rate, Mr. Skey as well as his American readers, have strong reason to complain. Without intending in this place to agitate the old vexed and sorely vexing question of rights of authorship, we must say that where an author is "obliged to volunteer," he should at least be presented in the garb in which he had himself chosen to appear. But in thus striking at its shadow we are losing sight of the work itself.

It "was undertaken," says the author, "in compliance with the advice of some professional friends, who equally felt with myself the want of a book on the subject of operative surgery, which might become, not simply a guide to the actual operation, and embrace the practical rules required to justify the appeal to the knife, but would embody, at the same time, such principles as should constitute a permanent guide to the practitioner of Operative Surgery, and without which, all claim to its scientific character is lost."

In these words are unfurled the standard of the book; not very clearly it is true, but still sufficiently so to lead us to look with great satisfaction, not to say confidence, for a treatise embodying principles not less than practice, and establishing the art and mystery of surgery on a higher and broader platform than that of the most skilful employment of mere instruments and apparatus.

"The operating surgeon is not a mechanic, but the agent through whose instrumentality are carried into action the highest principles of scientific medicine, principles demanding an in-

timacy with the soundest physiology. He wields a power more grand, and more critical, and at the same time, more terrible to humanity than the member of any other branch of our profession." "There is no department of medical practice," continues he, "more attractive to the younger members of our profession than that of operative surgery. Its brilliancy, its eclat, its critical influence in the disease, all contribute to this popularity," &c. "Is not this enthusiasm somewhat misapplied? Between the claims to respect of curative and operative surgery, there is no comparison. I venture to say, with all respect to my many superiors in surgical acquirements, that it is the duty of the teacher to expatiate with all the power of his authority on the superiority of the one over the other." Still our author does not seem disposed to undervalue his operative branch. His great aim, we are informed, is "to fix it on its proper basis," to warn the surgeon "from paths of danger and difficulty" and to test "the question of every operation, *in foro conscientiæ*, before it is undertaken." He has "endeavored, as an English metropolitan surgeon, to carry into execution at least one primary object, viz., to strip the science of Operative Surgery of a false glare," "to check a spirit of reckless experiment, and to repress rather than encourage the resort to the knife as a radical agent."

These passages evince a spirit and design which we cannot too earnestly commend, and we quote them in order to show that the author belongs to the true school, whatever he may be in scholarship, or as a master. Nothing is intimated in the title page, and very little in the preface, of the opportunities and position which are to give Mr. Skey's teaching the necessary weight, but we are soon enlightened on this question in our perusal of the succeeding chapters. The names of Abernethy, Astley Cooper, Lawrence, Brodie, Stanley and others little less distinguished, repeatedly occur as those of his associates in public and private practice; and from one remark we learn that he has enjoyed the advantages of twenty-five years of experience in the practice of St. Bartholomew's Hospital; while in another place we are told that his opportunities have been "as extensive as fall to the lot of most men."

Such an imposing exhibition of his claims together with the fact of his distinction as member of the Council, and more recently



Hunterian orator, of the Royal College of Surgeons, had disposed us to look for at least a respectable fulfilment of the flattering promises of his preface, notwithstanding a damper at its close, in which he vouchsafes the information that the character of his mind "is not attuned to authority, and it has been my practice, no less than my principle in life, to think for myself." But these exalted expectations were not destined to be realized. Disappointment from one end of the book to the other, will well excuse the language of one of his own countrymen, who complains that "instead of new ideas or clear descriptions, which might be recommended to the attention of our readers, we were to meet with nothing better than unmeaning trivialities, interspersed with old exploded notions, and imperfect views of modern improvements."

We do not pretend to assert that there is not a great deal that is very good, and more or less that is actually new, but we seriously doubt whether there is enough of sterling value in the whole to counterbalance the evil influence of what is worse than useless, still less to justify the publication and re-publication of an octavo volume of six hundred and sixty-one closely printed pages.

If it be not the complete and elevated work on the principles and practice of operative surgery in the present state of the science, as we are led to expect by the high sounding professions of the preface, we have a right to take it for some sort of exponent of the precepts and practice now in vogue in the wards of St. Bartholomew, if not in the English metropolis itself. Although Mr. Skey does not "profess to give the multitudinous opinions of other men," he "has not withheld them." "I have quoted," says he, "the opinions entertained by most of the eminent members of the surgical profession, *so far as a general intercourse and an extensive acquaintance have enabled me to command it.*"\* And yet he has enjoyed the rare benefit of twenty-five years of experience in St. Bartholomew's hospital, and of practice in the great city of London along with the first surgeons of the age, and in close proximity to those of Dublin, Edinburgh, and of Paris, not to mention the not less renowned practitioners of other parts

\*The italics are our own.

of Europe and of this country, as well as throughout the provinces of the United Kingdom! The idle excuse that his mind is "not attuned to authority," affords but paltry satisfaction to the disappointed student who has sought his work in the vain hope of learning, from the very highest sources, a great deal of the true philosophy of practical science—a philosophy untrammelled by authority indeed, but none the less broadly established on the only true and sure foundation of enlarged experience, and equally enlarged and discriminating study of the experience of others. There is much in Mr. Skey's book that is better told and illustrated in books of far humbler pretensions, and prepared by younger men; and we regret to say that, considering all the circumstances of its preparation, there is comparatively little else that is not almost as objectionable as it is peculiar.

In the course of the first two chapters, which are devoted to general observations and the management of wounds, we find, among other things, the statement of the fact that the records of St. Bartholomew's Hospital point to the successful administration of anæsthetic agents in upwards of nine thousand cases; "in not one of which, including the aged and the young, the healthy and infirm, and the asthmatic, has its employment left a stain on its character as an innocuous agent for good." This is strong evidence in its favor, and is not without an equally decided effect on the author's practice, as shown in his constant recommendation of it in nearly all the operations described, and especially the most painful, such as operations on dead bone, for the reduction of dislocation and other similarly painful and tedious in character, or requiring rest and relaxation. The agent he employs is chloroform, gradually administered with free access of fresh air as a diluent during inhalation, the cambric handkerchief being used in preference to the metallic inhalers.

Passing over some peculiar views in regard to the employment of blunt edges and silver knives in certain operations, as well as other 'notions' still more singular in regard to sutures on the face, we come to chapter third, on Dislocations. This whole subject is dispatched in some sixty-five pages. His advice on this topic, in the main, is such as would be approved of here, but his precept in regard to old luxations, does not appear to be either precise or safe according to the



prevailing doctrines in this country. He admits, for instance, an increase of difficulty with the protraction of the term of dislocation but does not consider any serious obstacle to be presented "even though many days or even weeks have expired since the occurrence of the accident." He would not limit the time for the attempt at reduction, "unless we carry the question at once into a period of nine months or a year or more." This is, to say the least of it, a very elastic and uncertain kind of rule. Nor is he disposed to regard as important the risk of lacerating the new formed adhesions around a displaced joint. He cannot understand the danger in such cases, and recommends, that "to effect the complete laceration of these adhesions the limb should be subjected, under the influence of chloroform, to powerful extension, and should be forcibly rotated in all directions." According to his account "the immense experience of Sir Astley Cooper has failed to furnish a single case of serious injury consequent on the attempt to reduce any form of dislocation." If our author had taken the trouble to consult a few of the "multitudinous opinions of other men," a little further from his immediate neighborhood, he might have met with more than one authenticated instance of serious results that would teach a striking lesson of prudence in this matter of long standing dislocation.

Bandages and fractures are hastily despatched in two short chapters, and then followed by a pretty full consideration of aneurisms and the treatment of wounded and diseased blood vessels. In this portion of his work he has lost a capital opportunity to bring his book to the present state of progress, by a full discussion of the treatment by compression. We would have been glad to hear something of practical results, so far as they had been observed in the wards of St. Bartholomew, if no where else; and, at all events, we might have been favored with an exhibition of the apparatus most approved by Bellingham and others, together with some sort of appreciation of its value. He appears to know no more about this vitally important question than every well-informed surgeon could tell us four or five years ago, and presents us with a figure of a "tourniquet" that has long since given place to better things among those who are familiar with the improvements of the day.

Chapter 8th gives a very brief view of varicose veins, and

their treatment. It is useful in spite of its meagreness, on account of the operative procedure recommended, and justly, as we think, in preference to all others. Every one is aware of the uncertainty as well as great danger of the different cutting and deligating operations for the removal of this distressing infirmity.—“But,” says Mr. Skey, “no danger attaches to the destruction of the saphena and its branches, by means of escharotics, which may be employed in the form of caustic issues with all confidence for the removal of varicose veins of the leg. Having tested this practice for many years, and adopted it largely in the out-patient ward of St. Bartholomew’s Hospital, and also repeatedly in private practice, I can unhesitatingly say that the treatment is both efficient and safe.” We are disposed, on the strength of some experience, to agree with him fully in his estimate of the superior advantages, on every account, of the caustic treatment of varicose veins. We have seen it extensively employed in this city and elsewhere, and always with more satisfactory results than we have been able to discover in the use of any other therapeutic means.

Next in order comes an interesting, but not in any way remarkable chapter on Amputation. Of this, it will suffice to say that the circular is preferred to the flap operation, although the flap operations are duly considered and described. Following Amputations we find a succession of short articles on various topics of greater or less interest, treated of without much regard to order or connection.

Chapter 15th is occupied with hernia, and presents us with as useful a history of the most important points as could be expected in the compass of twenty-nine octavo pages.

In chapters 16 and 17, respectively, we meet with a very cursory account of operations on the external organs of generation in the male, and operations on the male perineum and about the anus. After these, comes a somewhat elaborate discussion and description of the “operations of lithotomy and lithotrity.” He takes “lithotrity as the rule, and the cutting operation as the exception;” and in selecting a case suitable in all its bearings for the former, he would require the following conditions: “First well developed manhood. Second, a healthy and readily dilata-



ble urethra. Third, a bladder free from irritation, and capable of retaining at least six ounces of urine ; a condition which infers the absence of prostatic disease. Fourth, a tonic condition of the nervous system ; and Fifth, the presence of a stone of such dimensions as to be readily embraced by the screw of the lithotrite." What is meant precisely, by the screw of the lithotrite we are at a loss to understand ; for although the operation described and advocated is evidently the crushing one, and the instrument therefore lithotriptic, we are still in the dark as to whether in reality the instrument he uses is not as obsolete as the name he gives it. His history of the different instruments employed in the cutting operation is much more full and satisfactory. He advocates the completion of the opening into the bladder with the knife alone.

Lateral curvature is the next topic chosen to enlarge upon, and one which appears to have been a favorite with our author. His suggestions in relation to its treatment are interesting and instructive.

Four chapters follow on a variety of subjects of greater or less importance, including one on the Cæsarian Section and Ovariectomy. These are succeeded by four others upon the different operations on the eye, which, with a useful index to instruments and apparatus required for special operations, terminate the volume.

A pretty thorough examination of the twenty-eight chapters, briefly analyzed above, has brought many matters of record and opinion to our notice, which might be worth especial mention, either pro or con. But we feel under no obligations to the author, to occupy the attention of our readers any longer with such an unattractive and unprofitable topic,—and while we have considered it our sacred duty conscientiously to warn the American practitioner against the influence which the known position of the writer must inevitably secure to him in many places, we must express our unfeigned regret at the necessity which has obliged us to receive in such a manner, one to whom otherwise we would have been delighted to extend a grateful welcome.

*Report of the Pennsylvania Hospital for the Insane, for the year 1850.* By THOMAS S. KIRKBRIDE, M. D., Physician to the Institution. Philadelphia, 1851.

Dr. Kirkbride very justly observes, in the Report before us, that "the general circulation of Hospital reports, containing the results of judicious treatment, has done more to enlighten the public mind in reference to insanity, to stimulate and give proper direction to the efforts of philanthropists, and eventually lead to a liberal provision for the wants of the insane generally, than all other means combined." Of the value of his own contributions during the ten years the Pennsylvania Hospital for the Insane has been in operation under his care, it is hardly necessary for us to speak. They are identified with the history of the subject, and are appreciated both abroad and at home.

The present report, which includes a period of ten years, presents a more extended analysis of the statistical tables collected in the Institution, than Dr. Kirkbride has heretofore attempted. The various facts connected with the causes and treatment of insanity, as afforded by the Institution, have been grouped under fourteen heads. They show:—1. The number and sex of the admissions and discharges. 2. The ages of the patients. 3. The occupations of the male patients. 4. The occupations of the female patients. 5. The number of single, married, widowers, and widows. 6. The places of nativity of the patients. 7. Their residences. 8. The supposed causes of their insanity. 9. The ages at which their insanity first appeared. 10. The different forms of their insanity. 11. The duration of the disease at the time of admission. 12. The number of the attacks. 13. The state of the patients who have been discharged or died. 14. The number of admissions, discharges, cures, and deaths, in each month since the opening of the Hospital.

Many results of the highest interest are afforded by these statistics,—very satisfactorily establishing the value of the application of tabulation to the subject of insanity. Indeed, as Dr. Kirkbride judiciously argues, "there seems to be no sound reason why the statistics of insanity may not possess as much certainty as those of most other maladies; and the fact that an



undue importance has occasionally been given to them, and erroneous deductions drawn from those having reference to a small number of cases, and for short periods of time, as we all know, has frequently occurred, ought scarcely to be considered a sufficient apology for neglecting to note in this form all the circumstances that inquirers may consider as possessing general interest."

In looking over Dr. Kirkbride's comments on the table showing the supposed causes of insanity, our attention was arrested by his allusions to the influence of opium and tobacco in this respect. The subject of the effects of the use of tobacco having been within a short period noticed in our columns, it will probably interest our readers to learn Dr. Kirkbride's views as regards its agency in producing insanity.

"Two cases in men, and five in women, are reported as caused by the use of opium, and four in men as caused by the use of tobacco. In reference to the influence of these articles in producing insanity in the cases referred to, there did not seem to be any just ground for doubt. Opium is much more used among females than males, and its effects upon the mind, no less than upon the body, are of a most injurious character. The use of tobacco, which is much more restricted to men, has, in many individuals, a most striking effect on the nervous system, and its general use in the community is productive of more serious results than are commonly supposed. Its excessive use is apt to develop gastric derangement and disorders of the nervous system, and renders active other influences that might have been harmless. In many chronic and recent cases of insanity, the effects of a temporary indulgence in it are so striking as to attract the attention of all who are habitually about the patients. After no inconsiderable amount of experience in reference to this article, I have no hesitation in saying that I have never seen anything more than a temporary annoyance, such as would occur in giving up any confirmed habit, result from its entire discontinuance, and by that course alone the complete re-establishment of impaired health, has often been produced."

In connection with the general arrangements of the Institution, it may be well to mention, for the benefit of such of our readers as are connected with hospitals and other public institutions, that Dr. Kirkbride speaks very decidedly in favor of the use of steam for the purposes of heat and ventilation.

"The fixtures for heating several of the wards of the South Wing by steam, have been steadily in use, and continue to give entire satisfaction."

And he adds :—

“Heating by steam or hot water in connection with a forced ventilation, has now been so fully tested under various circumstances, in our highest latitudes, and its great superiority over every other mode now known, so clearly demonstrated, that hereafter public opinion will hardly justify those to whom is intrusted the high responsibility of providing buildings for the permanent accommodation of large numbers, whether in sickness or health, for adopting any of the very imperfect kinds of fixtures heretofore employed.”

The Report presents, in conclusion, some interesting particulars in connection with the Pennsylvania Hospital.

“It is now just about a century since the Pennsylvania Hospital, the pioneer institution for the insane in America, was incorporated by the Provincial Assembly, and opened for the reception of patients. With the exception of the Friends’ Asylum at Frankford, established in 1817, and the Insane Department of the Philadelphia Almshouse in Blockley, (which a few years since, for the first time, took rank as a curative establishment,) the Pennsylvania Hospital has been the only institution in the State to which any class of her citizens could resort for the treatment of insanity, and it was strictly the only one which offered relief from this malady without cost to the indigent of Pennsylvania.

From the foundation of the Pennsylvania Hospital in 1751 to the present time, 6062 insane persons have been admitted and treated in its wards; of these more than 1000 were poor, who received every care and attention without charge of any kind, and of whom a large proportion were restored to their families in perfect health, and many others in various states of improvement; the number of this class under treatment being only limited to the income of the Institution.”

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*Thermal Ventilation, and other Sanitary Improvements, applicable to Public Buildings, and recently adopted at the New York Hospital: A Discourse Delivered at the Hospital, February 8th, 1851. By JOHN WATSON, M. D.*

The New York Hospital having lately undergone various alterations with a view to the introduction of every available sanitary improvement, Dr. Watson has been at the pains to publish a detailed account of them, which will be read with great interest by all whose attention has been specially drawn to the subject. One of the chief improvements introduced into the hospital, is the steam apparatus for the purposes of heat and ventilation, which has been for some time so successfully in use at our Almshouse Hospital and at the Pennsylvania Hospital for the Insane.



*Proceedings of the Medical Association of the State of Alabama, begun and held in the City of Mobile, December 10—14, 1850. With an Appendix. Mobile, 1851.*

Among the published transactions of the various State Medical Associations, the volume lately issued by the Medical Association of the state of Alabama deserves a high place. The physicians of that state were among the first to respond to the suggestion of the National Medical Association, in organizing a State Medical Association, and they have maintained the effort with creditable zeal and ability. The volume before us presents a large number of interesting scientific papers, while the debates and occasional addresses are distinguished by the highest tone in medical politics and ethics. The proceedings comprise a very complete history of the diseases of a considerable portion of the state of Alabama, valuable notices of the medical botany of many counties, with reports of several remarkable and interesting cases. We have beside an annual address from Dr. Lopez, and a valedictory address from Dr. Lavender, who successively filled the chair of the Association.

We feel that the thanks of the profession generally, are due to the members of the Alabama Association for the spirited manner in which they have carried out their state organization—particularly to Drs. Lopez, Lavender, Percival, L. H. and W. H. Anderson, D. R. Smith, Welch, Wooten, Mason, and Reese, for the valuable contributions with which they have enriched the volume of "Proceedings."

## THE MEDICAL EXAMINER.

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PHILADELPHIA, MAY, 1851.

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**RANK OF MEDICAL OFFICERS IN THE U. S. ARMY.**

We have before us the "Report of a board of army officers appointed by the President upon so much of the resolution of the House of Representatives of July 18, 1850, as relates to rank and command within the army," dated Washington, November 27, 1850. The board consisted of Major General Winfield Scott; Brevet Major Generals Th. S. Jessup and John E. Wool; Colonel J. B. Crane; Lieut. Col. E. A. Hitchcock; Deputy Paymaster General Benj. F. Larned; and Surgeon T. G. Mower.

The report of the board is in form of a bill, or project of a law. The first section sets down what shall be the "titles and grades of army rank, or rank in the line of the army," which are in the following order: viz. 1, Major General; 2, Brigadier General; 3, Colonel; 4, Lieutenant Colonel; 5, Major; 6, Captain; 7, First Lieutenant; 8, Second Lieutenant; 9, Cadet; 10, Ordnance Sergeant; 11, Sergeant Major; 12, Quartermaster Sergeant; 13, Principal Musician; 14, Orderly, or First Sergeant; 15, Sergeant; and 16, Corporal. The last is entitled to command all privates, musicians, artificers and the like. This section provides that all persons attached to the army who are not commissioned, shall be subordinate to any commissioned officer of any of the staff corps, including of course, officers of the medical and pay department, though "without army rank."

According to this scheme, the line of the army consists of sixteen official grades, from Corporal to Major General. But the line of the army could not sustain itself alone; it requires the aid of a class of military men, called the staff, which consists of several distinct departments and corps. The commissioned officers of the line of the army, (attached to regiments of dragoons, mounted riflemen, artillery and infantry,) at the close of the year 1849, numbered 585; and at the same time the staff of the army included 324 commissioned officers. These figures show the relative proportion which the line and staff bear to each other. The general staff of the army consists of the Adjutant General's department; the inspector's department; judge advocate of the army; quarter master general's department; commissary general's depart-



ment; medical department; pay department; besides the corps of engineers, and that of the topographical engineers; the ordnance department and military store-keepers. The special duties of these several departments are all essential to the efficiency of the line: they embrace rolls, registers of service, feeding, clothing, lodging, paying; curing when sick or hurt; surveying routes and camp grounds; building forts and barracks, and taking care of depots of military stores of various kinds, &c. &c.

These staff departments are constituted of several grades; and each is organized in itself after the manner of the line of the army: for example, the corps of engineers consists of six grades of commissioned officers, namely, colonel; lieutenant colonel; major; captain; first lieutenant; second lieutenant. These titles and grades in the engineer staff, (composed in fact of architects whose business is to build for military or warlike objects,) bear a similar relation to each other, subordinately, as the same titles and grades in the line of the army. In a word, the rank of an engineer amongst engineers is precisely the same thing, as the rank of a line officer amongst officers of the line, in its meaning and application. But as the term rank has come to mean in military communities, relative position as well as the degree or limits of authority an officer may exercise; and as it would lead to confusion, were it admitted that grade and title impart power which may be exercised, at the will of the officer, for example, either as a major of infantry, or of artillery, or of dragoons, or of engineers, according to circumstances, different qualities of rank have been established. The position of an officer in the line of the army is termed his *lineal* rank; the position of an officer in the engineer, or other corps is termed his *staff*-rank. It is established that a major of engineers (military architects), cannot in virtue of his title of major, exercise authority as a major in the artillery, or infantry, or in any department of the line, or staff; but it is also understood that no major whose commission is junior in the line, can control the major of engineers, except under the special instructions of a common superior. Yet in point of military respectability the title of "major" is the same, whether used in the line or staff; a major of engineers is on a level with a major of artillery, or a major of any other arm or branch of the army. The authority which enures to title and grade is restricted to the department or corps to which they belong. But all men in an army are military men, no matter what may be their vocation; a military tone, a military spirit, a military sensibility or sense are equally diffused and common to all, in the same manner as a Christian sensibility or perceptivity pervades and is common among all civil communities or societies in the United States. No mat-

ter what may be his trade or vocation, every citizen of our country is assumed to be a Christian; and so, every member of an army, no matter what may be his special employment, is presumed to be a *militaire*.

But this report strives to except from the rule and to deny that physicians, who are members of the army, can have military tone or perceptivity. The line officers would have physicians in the army placed in a *caste* position relatively to the army, such as Jews, or infidels, commonly hold in strict Roman Catholic societies or countries. The science of medicine seems, in the opinion of the line, to degrade its votaries, much in the same manner as the Jewish creed degrades its votaries in the estimation of many Christians. It is against this purely *caste* distinction that medical officers contend; they insist that a major in the medical department is entitled to as much respect and consideration in the army and out of it, as a major in the engineer department, subsistence department, clothing department or any other, and that they are not disqualified, in consequence of exercising the profession of medicine and surgery, from participating in the general and common military spirit which pervades the army. They contend that the profession of medicine does not disqualify them from serving on boards, councils, or courts-martial; but they are willing nevertheless to be exempt from such duties, in the same manner that magistrates, judges, physicians, counsellors at law, and officers of the army and navy, and some others in civil life, are exempt from serving on juries. They contend that surgeons in the army are military men, and that their commands are therefore military; because *military command* consists essentially in a legal right to exact obedience, under the penalties provided by military laws, without regard to the nature of the act ordered to be done. On this principle they claim rank, which is defined to be the relative position of the members of a military community to each other. We have already explained the meaning of the terms lineal rank and staff rank. There is still another quality of rank, termed *assimilated* rank, which is defined to be the relative position of members of the staff corps to officers of the line, and to officers of different staff corps.

The report of the board before us, in the first section, defines the lineal rank of the army, and, in the second section, admits staff and assimilated rank for all except the medical and pay departments. The seventh section proposes to fill vacancies, or in a word to make promotions in certain staff corps by selections from the whole army; but the proposition has been significantly rebuked by a clause in the law recently enacted, making appropriations for the support of the army, which provides "That all



promotions in the staff departments or corps shall be made as in the other corps of the army."

The fifth section proposes that officers of the medical and pay departments shall be subordinate, shall always be virtually of inferior rank, to any line officer accidentally in command of a post or detachment, no matter what may be the grade of such line officer. No such exception is proposed against the rank of officers of any other staff department of the army. The assimilated rank of commissaries, quarter masters, engineers, &c., is never made contingent in its operation on circumstance; a major of the quartermaster's or engineer's department remains a major, although the command of a post or detachment may have devolved upon a captain or first lieutenant of the line. It is not perceived why an invidious distinction should be made against medical officers in this respect.

The ninth and last section proposes to repeal the laws which confer rank on medical officers, but not to deprive those now in service of their present rank; all officers hereafter appointed in the medical department of the army are to be commissioned without any rank or position whatever. If the medical officers now in the army can retain the rank which the law gives them without injury or inconvenience to the service, it is absurd to suppose that those hereafter appointed cannot enjoy the same rank, without risk of detriment to the discipline of the army.

For the various propositions of this report, no reasons whatever are assigned; but we have the protests of the staff-officers against them. That of Surgeon Mower speaks for itself, and is commended to the special attention of the medical profession generally, the members of which should give their influence in obtaining and securing for their brethren in the army and navy a just position. It is to be hoped that no physician in the United States will cast his vote in favor of any candidate for the presidency or other political office, who is known to be hostile to or prejudiced against the just claims of medical men to be protected by law, like other citizens. The mental capacity and impartiality of a man may be doubted, if he is found to regard physicians as men of inferior caste; or less respectable on account of their vocation.

If the opposition to assigning medical officers rank in the army and navy were based upon any sound reason, there would be no difficulty in stating such reason or argument. But thus far not a single argument of any weight whatever has been brought forward by gentlemen of the line, either of the army or navy. The whole of the opposition rests on prejudice against the medical profession, more than against its members who generally enjoy a high degree of social popularity in both services, in

spite of the vocation, which would be more justly appreciated by the masses if it in any manner represented property, or value. If medical prescription saved the patient from the expenditure of dollars, instead of relieving him from pain or rescuing him from death, its worth would be more palpable, and it would be cheerfully paid for at full price.

WASHINGTON, D. C., November 27, 1850.

The undersigned, dissenting from the views of a majority of his colleagues, as indicated in several sections proposed for enactment, feels constrained to enter this his protest against them, and respectfully to request that it may accompany the report of the majority of the army board.

He dissents from the proposition to allow staff officers to assume command of troops in any case where there is an officer of the line of the army present for duty, unless such staff officer be especially assigned to such command by the President of the United States, or by a general officer commanding in the field—this, on the ground that the staff officer should not be diverted from his appropriate duties, that his pay and emoluments are superior to those of the line officer, and that this inequality would be still further increased by the allowances incidental to his entering on a command.

He dissents also from the last clause of section 5, which is in the following words: "And when they (officers of the medical and pay departments) chance to be at a post or with a detachment commanded by a junior officer, they shall not absent themselves from the post or detachment, except in urgent cases, and then not without notifying the commanding officer, though of inferior rank, of their intention so to do;" because it would unnecessarily establish an invidious distinction between certain staff departments and corps, and other co-ordinate staff departments, to wit: the medical and pay, and would, as a necessary consequence, create an odious *caste* among the officers composing the staff of the army. Under existing law and regulations, an officer of the staff, to whatever corps he may belong, cannot assume the command of a body of troops over an officer of the line, "except by special assignment;" nor can any officer of inferior rank in the line command his senior in the staff. In this last respect the officers of all the staff departments and corps enjoy the same immunity, and are upon an equal footing. The clause referred to not only breaks down this just equality between the officers of the staff of the army, but singles out those of the medical and pay departments as the special exception to the rule. Moreover, while it is proposed to remove the legal and executive disabilities to which other staff departments and corps are subjected, and even to extend their privileges, the strictly *protective* rank of officers of the medical and pay departments has been so hampered that they are prohibited from a walk out of camp or garrison "without notifying the commanding officer, though of inferior rank, of their intention so to do."

If any conflicting case has occurred which to the minds of the ma



jority of the board renders it necessary that the laws conferring *protective* rank upon the officers of the medical and pay departments should be thus restricted, it should be borne in mind that the responsibility of two unaccommodating tempers ought not to be thrown upon one, and that the difficulties resulting therefrom, more imaginary than real, should not be charged to him alone.

Whatever may be the principles on which they are based, the working of no human institution is perfect; nor is a military organization which aims at utopian results an exception. It may be worthy of consideration, therefore, whether a better incentive to the performance of their respective duties by the officers of the medical and pay departments (already subject to all the rules and articles of war, and to all the liabilities and penalties which they impose) could not be found in a high moral and professional principle, rather than in subjecting them to invidious and humiliating distinctions, by restricting their movements and their absence from post, even for half an hour, without previous notice to the commanding officer, though of inferior rank.

The proposition to make, contrary to existing laws, a senior medical officer virtually subordinate to a junior officer of the other branches of service who may chance to be in command at a post or station, is based on theoretical rather than on practical principles. Their duties being altogether distinct, there is actually no necessity for the one interfering with the other; and it may be remarked that the less this is done the better is it for the interest of the service. Experience may be confidently appealed to to prove that the medical officer is seldom interfered with by a commanding officer of well-regulated mind and of experience. And, in illustration, I may state that, previous to the present organization of the medical department, I served for a period of six years as surgeon to the 6th regiment of infantry, commanded by Colonel (Brigadier General) Atkinson, confessedly one of the best disciplinarians of the army, and, without any solicitation on my part, he voluntarily extended to me the privilege of absenting myself from post temporarily at my own discretion, on the practical and common-sense ground that I could best judge when my services with the command could be spared, and with the understanding that I was held strictly responsible for the performance of my appropriate duties. It gives me pleasure to add the testimony of one of the members of this board, an experienced and successful commander, that a similar practice obtained in his last command.

In determining the military privileges of the officers of the different staff departments and corps relatively with those of the line of the army, there is a manifest propriety in inquiring which of the former is more invariably associated on duty with the latter in garrison and camp, and most participates with them in the hardships and privations incident to the military service. Without hazard of contradiction, it is confidently asserted that it is the *medical department* of the army. On the field of battle, too, where blows are dealt, but cannot consistently with duty

and professional engagements be returned, who are more exposed to the missiles of the enemy than the medical officer?\*

He protests also against section 9, which not only withholds all manner of rank from future medical appointments, dooming them to military outlawry, but likewise places an impenetrable barrier between them and their professional brethren now in the department. It is vouchsafed to the latter that they may retain the humble rank they now enjoy—diluted and qualified, to be sure; but for the former there is no ray of hope afforded: they must enter the department, if their pride will allow them to seek the service, a degraded *caste*, not merely among the officers of the line and of the privileged staff corps, but also in their own branch of the service.

The last clause of section 8 of an act approved February 11th, 1847, provides that the rank of the officers of the medical department of the army shall be arranged upon the same basis which at present determines their pay and emoluments: "*Provided*, That the medical officers shall not, in virtue of such rank, be entitled to command in the line, or other staff departments, of the army." This clause, which it is proposed by section 9 to repeal with reference to all future appointments to the medical department, allows only a modified or protective rank to a class of officers confessedly as select and as meritorious as any other in the army. Previously to its enactment, it will be recollected what was the humiliating position assigned to the officers of the medical staff by paragraph 5, general regulations for 1841. Under this paragraph, a medical officer of twenty years' service might be (and frequently was) required to yield precedence on courts martial and boards to a junior officer, perhaps a brevet lieutenant. To obviate a contingency so humiliating to the officers of the medical department and to give them a fixed position which would not be subject to the *fluctuating changes of army regulations*, a legal provision was asked for and obtained. Under its benign operation and the fostering care of

\* *Number of officers of the staff of the regular army killed, wounded, and died of wounds in the several conflicts during the war with Mexico, derived from the Adjutant General's report to the Secretary of War.*

|                                     | Killed. | Wounded. | Died of Wounds. |
|-------------------------------------|---------|----------|-----------------|
| Adjutant general's department,      | 1       | 0        | 0               |
| Inspector general's department,     | 0       | 0        | 0               |
| Quartermaster general's department, | 1       | 0        | 0               |
| Subsistence department,             | 0       | 0        | 0               |
| Pay department,                     | 0       | 0        | 0               |
| Medical department,                 | 0       | 2        | 1               |
| Corps of Engineers,                 | 0       | 6        | 0               |
| Corps of topographical engineers,   | 0       | 3        | 1               |
| Ordnance department,                | 0       | 2        | 0               |

In addition to the foregoing, two officers of the "general staff" are reported to have been wounded in the battle of Buena Vista; but it is not specified whether they were *general* or *staff officers*, and, if the latter, to what particular department or corps they belonged.



the government, aided by the salutary restrictions guarding appointments to the medical department, it has attained an eminence in personal and professional standing alike beneficial to the army and creditable to themselves. The young professional *élite* of the country have been attracted to the department, and will continue to be so as long as they shall be assured that their professional and personal merit shall be properly appreciated in the military service.

Then why this retrograde movement, and why jeopard the ability for usefulness to the army, which the medical department now possesses? In the name of humanity, the undersigned humbly trusts that no act may be done tending to lower the standard of professional excellence now happily existing in the medical ranks of the army.

T. G. MOWER, Surgeon United States Army.

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NASHVILLE JOURNAL OF MEDICINE AND SURGERY.

We have just received the first number of this new aspirant for professional favor, edited by Professor Bowling, and extend to it the right hand of fellowship with our best wishes for its success. We would call the attention of the editor to an article, in the January number of the American Journal of Medical Sciences, on the cod liver oil by *Dr. J. J. Levick* of this city; and whilst we do not desire in the least degree to under-rate the valuable contribution of Dr. Yandell, which appears in this first number, we would claim for our townsman "the honor of being the first to convey to the medical public of this country, a detailed and scientific account of the GREAT REMEDY in tuberculous disease." In the edition of Dr. Gerhard's treatise on the diseases of the chest, published in 1850, will also be found the author's experience in its use in the Pennsylvania Hospital in tuberculous disease. "Suum cuique tributo."

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MEDICAL NEWS.

NEW HOSPITAL.—It is generally understood that the additional hospital accommodation, which has been so long needed in Philadelphia, is about to be supplied under the auspices of the Protestant Episcopal Church—and upon the most liberal organization, "to be open to every creed, country, and color."

DR. ELISHA BARTLETT has resigned the Professorship of the Institutes and Practice of Medicine in the New York University, which he has filled during the past year.

DR. THOMAS REYBURN has resigned the Professorship of Materia Medica and Therapeutics in the Medical department of the St. Louis University.

## LIST OF COLLEGES, CLASSES AND GRADUATES FOR 1851.

|                                                  | Class. | Graduates. |
|--------------------------------------------------|--------|------------|
| Jefferson Medical College, . . . . .             | 504    | 227        |
| University of Pennsylvania, . . . . .            | 466    | 167        |
| University of New-York, . . . . .                | 411    | 116        |
| N. York College of Physicians and Surgeons, .    | 230    | 56         |
| New-York Medical College, . . . . .              | 40     | 12         |
| Western Reserve College, . . . . .               | 202    |            |
| Starling Medical College, . . . . .              | 125    | 35         |
| Castleton Medical College (2 sessions,) . .      | 153    | 64         |
| Philadelphia College of Medicine (2 sessions,) . | 244    | 72         |
| Pennsylvania Medical College, . . . . .          |        | 36         |
| Washington University of Baltimore, . . . . .    |        | 13         |
| Yale College, . . . . .                          |        | 11         |
| Harvard University, . . . . .                    |        | 10         |
| Iowa University, . . . . .                       |        | 10         |
| University of Virginia, . . . . .                | 93     | 24         |
| Geneva Medical Institution, . . . . .            | 101    |            |
| University of Buffalo, . . . . .                 | 115    | 30         |
| Albany Medical College, . . . . .                | 93     |            |
| Philadelphia College of Pharmacy, . . . . .      | 82     | 19         |
| Medical College of Georgia, . . . . .            | 159    | 50         |
| Richmond Medical College, . . . . .              |        | 26         |
| Baltimore College of Dental Surgery, . . . .     |        | 17         |
| University of Maryland, . . . . .                |        | 45         |
| Ohio Medical College, . . . . .                  | 180    | 59         |
| University of Missouri, . . . . .                |        | 33         |
| Louisiana Medical College, . . . . .             |        | 37         |

N. Y. Med. Gaz.

Among the Original Communications in this number, will be found a reprint, from the American Journal of Medical Sciences, on the subject of establishing a lectureship on Dental Surgery in our Medical Schools, from the pen of Dr. Gardette, an eminent and highly educated practitioner in this department of Surgery in this city. We recommend it to the careful consideration of "those in authority."

AN ACT FOR THE REGISTRATION of Births, Marriages, and Deaths, was passed by the Legislature of Pennsylvania, at the session just terminated.



THE NEW JERSEY MEDICAL REPORTER, one of our most acceptable exchanges, will hereafter be issued monthly instead of quarterly as heretofore.

DISCOURAGEMENT OF VICIOUS ADVERTISEMENTS.—A Society has been formed in England, called "The Union for the Discouragement of Vicious Advertisements," which is designed to resist, and if possible do away with the disgusting parade of filthy advertisements with which the newspapers teem. This evil cries aloud for reform, no less in our own country than in England, and can be efficiently counteracted only by concentration and organization of effort. Will not some of the right-minded and public-spirited among us move in the matter?

A PENSION of £100 per annum, on the Queen's Civil List, has been conferred on Mrs. LISTON, the widow of the late ROBERT LISTON, Esq., the eminent Surgeon.

HOSPITAL FOR SICK CHILDREN, IN LONDON.—A number of distinguished noblemen and gentlemen in London, have taken in hand the organization of an hospital exclusively for sick children, "having the threefold object of affording relief to the poor, of promoting the advancement of medical knowledge, and of training up women to be efficient children's nurses." Such an institution is no less called for in Philadelphia, and we believe that proper effort is only wanting to commend so excellent an object to the action of the benevolent among us.

Dr. H. G. CLARK, City Physician, of Boston, has been appointed one of the Surgeons of the Massachusetts General Hospital, in place of Dr. George Hayward, resigned.

Dr. FRANCIS GURNEY SMITH has been appointed one of the Physicians of the St. Joseph's Hospital, Philadelphia, in place of Dr. S. Jackson resigned.

USE OF ANÆSTHETIC AGENTS IN ANCIENT CHINA.—Stanislas Julian has found, in examining the Chinese books in the National Library at Paris, the proof that the Chinese have been long acquainted with the use of anæsthetic agents during surgical operations. The extract which he gives is from a book published about the commencement of the sixteenth century, in fifty vols. quarto, and entitled "Kow-Kin-i-tong," "General account of Ancient and Modern Medicine," and refers to the practice of a celebrated physician, Ho-a-tho, who flourished between the years 220 and 230 of our era. It states, when about to perform certain painful

operations, "he gave the patient a preparation of hemp" (hachich,) and that at the end of a few moments "he became as if he had been drunk or deprived of life." After a certain number of days the patient was cured, without having experienced the slightest pain during the operation.—*Edin. Phil. Journ.*

**THE SALE OF ARSENIC.**—A bill to regulate the sale of arsenic has been introduced by the Ministry in the English Parliament, and will doubtless pass. It declares that the unrestricted sale of arsenic facilitates the commission of crime. The bill provides, that on every sale, particulars of the sale shall be entered by the seller in a book before the delivery of the arsenic, and every such entry is to be signed by the person selling the same. Any person selling arsenic, save as authorized in this bill, and every person giving false information to obtain arsenic, are to be summarily convicted before magistrates, and to be liable to a penalty not exceeding £20. The bill is not to prevent the sale of arsenic under a medical prescription. A recent case caused the introduction of the bill.

**MEDICAL CORONERS.**—"Judge Jackson stated emphatically in Court, on Thursday, during the progress of a trial in which reference was made to the Coroner's Court, that none but medical men ought to be appointed to the office of Coroner, as from their education they were peculiarly qualified to discharge efficiently the duties of the office. This opinion of his lordship appears to be acted on of late, very generally, both in Ireland and England, as medical men are elected almost everywhere that a vacancy occurs."—*Medical Times, from Limerick Chronicle, March 8.*

**OBITUARY.**—We are grieved to announce the decease of Professor J. B. BECK, of New York, on the 9th of April. The New York Academy of Medicine met on the 10th, and adopted resolutions expressive of their sense of this bereavement. His funeral was attended by the Academy in a body.

Our profession have recently lost another of its elder reputable members, by the decease of Dr. J. SMITH RODGERS, of New York, in the 57th year of his age. He fell a victim to the ravages of carcinoma, by which he had been long a sufferer. He was long connected with many of the public institutions of New York.

We are pained to hear of the sudden demise of the venerable Dr. Jo-



SEPH BLOODGOOD, of Flushing, Long Island, where he had been so long an ardent and honorable member of the profession.

HENRY HOBART CURTIS, M. D., Deputy Health Officer at Staten Island, died on the 26th of April last, another victim to the ship fever, contracted in the discharge of his duty.

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## RECORD OF MEDICAL SCIENCE.

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### PATHOLOGY AND PRACTICE OF MEDICINE.

*The Dengue.* By W. H. ANDERSON, M. D., of Mobile, Ala.—Early in the month of September, 1850, the Dengue invaded Mobile, and was almost universal in its attack. It spread itself through all classes, and attacked all ages; not even sparing infants under one month old. Although, as a general rule, the disease was ushered in by premonitory symptoms, and even gave notice of its approach four or five days previous to its actual invasion, yet, it was often sudden in its attack, making the transit from perfect health to painful sickness an almost momentary affair.

During the first fortnight of the career of this epidemic, it was a simple disease, uncomplicated with any symptoms or lesions except those which are peculiarly its own. As such, it was preceded by general uneasiness, wandering pains, decline rather than loss of appetite, and disturbed sleep. Most of these symptoms lasted from several hours to several days; at the end of which time, they all became exaggerated, and the disease set in with all its violence. The pains which had hitherto been general only, now had a tendency to become local, and to spend their forces on one or several parts of the body. The forehead, the breast, the lumbar region, and the joints, seemed to be the parts which were most affected with actual pain, while all the voluntary muscles were stiffened and suffused with defective innervation. In many cases, there were catarrh, irritability of the larynx, and slight cough. A large majority of the cases were accompanied with an eruption, which belonged to no particular class, but occasionally partook of the intense blush of scarlatina, the mottled appearance of roseola, and the actual spots of epheles itself. In various instances, an exfoliation of cuticle, similar to that of scarlatina, occurred, leaving a tenderness of the newly exposed skin. This eruption, though usually accompanying the disease, sometimes did not make its appearance until the close of the attack. In this form of the Dengue, the febrile symptoms were light, and the secretions nearly natural. The treatment was simply palliative, consisting of anodynes and

sudorifics, and the duration of the attack was from two to seven or eight days.

As the season advanced, the Dengue, from being a light and unimportant affection, assumed a serious, and, in some instances, alarming aspect. This was not considered, however, so much an aggravation of the disease, as a complication of it with the usual autumnal fever. In these cases, superadded to the symptoms already mentioned, were great febrile excitement, obstinate vomiting, severe superorbital pain, injected conjunctiva, costiveness, deranged biliary secretion, and scanty, high colored urine. In many instances, there was total absence of sleep for several days and nights. The cerebral excitement amounted sometimes to actual delirium, and the stiffness of the muscles was such, that it was absolutely painful for the patient to move or be moved in bed. Any motion of the eyes, especially the attempt to roll them outwards, was accompanied with lancinating pain. The symptoms of this type of the Dengue were variable. In some cases, its invasions would be ushered in with a chill; in others, this symptom would be entirely wanting. Some patients evinced much febrile excitement, while in others the pulse remained nearly natural. As a general rule, the skin was hot and dry, little disposed to moisture; but now and then a case would present itself with cold extremities, general sensation of chilliness, and profuse perspiration, throughout the attack. Such persons seemed to fare neither better nor worse than those who had an entire different train of symptoms. The convalescence, in all cases, was slow, and in many instances, was by no means in keeping with the lightness of the attack. This protracted convalescence is a remarkable and distinctive feature of the disease in question.

With regard to the treatment—it, of course, varied with the complications. Sudorifics were seldom neglected, and to relieve the pain and stiffness, all kinds of anodynes, both general and topical, were used; and most of them, we must add, with little effect. Camphor, veratrine, hyosciamus, aconite, prussic acid, chloroform, and a host of other remedies, of kindred action, were administered, with varied success. Morphine and quinine seemed to enjoy more reputation, in the simultaneous alleviation of pain and production of sleep, than any other remedies.

If we search for the cause of this wide-spread epidemic, we find it veiled in the same obscurity that hides the causes of all other diseases, and we are not prepared to attribute it exclusively either to electric, telluric, fungoid, or zymotic agency. The individual opinions of medical men, as to its true cause, vary so widely, that it is unnecessary to record them here; and even if they were produced, they would serve, from their discrepancy, only to prove that the true etiology is yet not understood.

Equally unsettled with the cause, is the pathology of the disease. From the irritability of the larynx, the redness of the fauces, the cough &c., which sometimes accompanies the Dengue, it has been called a catarrhal fever; but there are other symptoms, altogether different from any thing we see in ordinary catarrh. Some practitioners of respectability look upon it as an eruptive fever; but the advocates of this theory can-



not be unmindful that a great number of the cases go through their course without any eruption at all. An opinion has been current that the Dengue is a sort of bastard yellow fever, and this was strengthened by the fact that it made its appearance at the same time, and invaded in the same manner, with the genuine yellow fever. The differences are so great, however, between the two diseases, that the most ardent advocate could not establish a respectable relationship, or kindred. An epidemic of yellow fever, so universal in its attack as the Dengue was in Charleston, Mobile, and New Orleans, would be a scourge that has no parallel in the history of medicine. Some practitioners consider the disease as an epidemic neuralgia, and if the writer of this article inclines to any opinion at all, it is to that which classes the disease, in its *uncomplicated* form, with the neuralgic affections.

The limits of this report preclude the possibility of dwelling longer on this uncommon and interesting disease. It was intended only to give a rapid sketch of its history, as it appeared amongst us, but in doing this in such a cursory and imperfect manner, the writer feels it his duty to close with the remark that he has not done justice, either to the disease or to the reader.—*Proceedings of the Alabama Medical Association, Dec., 1850.*

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*The Anthelmintic virtues of Kouso.*—Numerous cases are reported in the late British journals, of the successful expulsion of tape worms by the use of Kouso, (*Brazera anthelmintica*.)

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*The Galvanic Poultice.*—M. Recamier has proposed a new method of employing galvanism locally, to which the above term may be fairly applied. The "poultice" is a small mass of cotton wad, containing a layer of thin zinc plates, and another layer of copper plates. The wad is enclosed in a small bag, one surface of which is defended by some waterproof tissue. The poultice is applied as closely as possible to the skin, the impermeable surface being external. The cutaneous perspiration soon accumulates in the interior of the wad, and, being of an acid character, gives rise to the development of a galvanic current between the zinc, and copper plates.—*London Medical Times, April 12th, 1851.*

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## S U R G E R Y.

*Fatal Effects Attributed to Chloroform.*—Dr. Geo. Roe, of Cavan Infirmary, Ireland, records, in the Dublin Med. Press, 26th March, 1851, the following case of death from the use of chloroform, which occurred in September last. The patient was a young man, 24 years of age, suffering from extensive syphilitic ulceration of the foot and leg. Notwithstanding the existence of deep seated tubercles was suspected, at the earnest request of the young man, amputation of the leg was resolved on, which Dr. Roe proceeded to attempt, he informs us, "on the 20th of September, having promised I would give him something to

*numb and take away the pain* of the operation, as he said I had done to others.

He was of a very peculiar and very sensitive temperament, yet very patient and uncomplaining, and I knew he endeavored to conceal feelings and expressions which many with less cause or suffering would give way to. For this reason, I wished by every means to allay and prevent the agitation and excitement inseparable from the operation, by telling him I would perform it in the next room, and not require him to be carried down stairs to the operation room ; I also placed the tourniquet on his thigh while in his bed, previous to his removal to the table.

He was cheerful and appeared to be firm and courageous, but when placed on the table, the heart's action was very *quick and weak*, but he did not appear faintish, or more pale than usual. I *then saw* Mr. Nalty, the apothecary, *measure one drachm* of the chloroform, in the small minim glass measure, and pour it on a little folded lint, which was placed in an oval hollowed sponge, held in the hand with a small towel. Recollecting I had used this chloroform in another case, and finding some little delay in producing the anæsthetic effects, and supposing the strength of the chloroform might be a little weakened, as the bottle had not been kept very closely stopped, I directed Mr. Nalty to add *thirty drops* more to that already put on the lint.

I then applied the sponge, &c., to the patient's nose, directing him to keep his mouth shut ; I then gave the towel, &c., to the care of Dr. Halpin, who was at the opposite side of the table, while I went to prepare myself for the operation. Mr. Brice had scarcely screwed the tourniquet, which had been placed previously on the thigh, and while I was examining the state of the circulation in the tibial arteries, to prevent the least unnecessary loss of blood, which could not have occupied one minute—certainly he could not have made or taken *fifteen* inspirations,—when Dr. Halpin told me the anæsthetic effects were produced. This struck me as being unusually quick and sudden, and on removing the towel from the face we saw a slight convulsive action of the left eyelids, and the lids partially open, and a small quantity of saliva (frothy) at the mouth. I felt rather uneasy, but not much alarmed, as Dr. Halpin said he had often seen such symptoms from the effect of chloroform, but which I had not met with ; and on a more minute and instant examination of the heart, the eyes, muscles of the limbs, &c., we found him *dead*. Every means within our reach were resorted to, to try and restore animation. The strongest ammonia and hartshorn were applied to the nostrils, the fauces and palate ; cold air, cold water, to the surface ; and afterwards scalding water over the region of the heart ; inflation of the lungs ; general friction of the body ; change of posture, were all in turn and rapid succession, tried, but without the least effect. I lament I had no means of making or procuring oxygen gas, and unfortunately my little portable galvanic apparatus was not then in order or ready for use ; so that we had the sad and painful spectacle of our patient *killed*, as if by a stroke of lightning, in less than *one minute*, before our eyes."



*A Petrified Bean in the Urethra—Removed by Incision.* By DR. LEOPOLD, of Meerane.—On the 16th December, 1848, Dr. Leopold was summoned to a child, four years of age, suffering under the symptoms of stone in the bladder. The father obstinately refused to permit a catheter to be passed; internal remedies were therefore administered to endeavour to allay his sufferings, but in vain. Examination by the rectum failed to give indication of stone in the bladder. A hard substance, the size of a bean, could be felt in the urethra behind the scrotum, and could be moved only very slightly backwards and forwards. The catheter, when at last allowed to be passed, was stopped by this body. An operation was at length determined upon, with the father's consent. The patient's legs were tied as for lithotomy, and an incision made down upon the stone, which, when removed, was found to be a calculus, having a common bean for nucleus. The child had complained of pain and difficulty in micturition since the preceding Easter. It is probable that the child had passed the bean into its prepuce, whence it had slipped into the urethra and bladder.

In another case Dr. Leopold found a small calculus in the urethra, and was able to push it forward to the orifice of the urethra, which being enlarged by a slight incision, the calculus was readily removed.—*Casper's Wochenschrift*, 1850.

\* \* It seems scarcely possible that so large a substance as a bean could have slipped into the orifice of the urethra of a child, four years of age. It would almost lead one to suspect that a second party must have been herein concerned. The necessity which existed to enlarge the orifice of the urethra in the subsequent case tends to confirm this view.—*London Medical Gazette*.

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*Excision of the Astragalus and Os Calcis, with some general observations on the Excision of Joints.* By MR. THOMAS WAKLEY.—Excision of the extremities of the bones of joints, was first practised in 1782, by Mr. Park, one of the surgeons of the Liverpool Infirmary. In the same year, Moreau excised the extremities of the bones of the elbow joint, and in a fortnight after the operation the patient was so well, that he was allowed to go wherever he pleased, with his arm supported in a case. It was at first powerless, but it slowly regained its strength, and the man could ultimately thrash corn and hold the plough with it. In the same year, (1782,) the excision of the elbow-joint was twice performed by another French surgeon, and in both cases with complete success, the patients retaining considerable movement of the arms. Operations for the removal of the extremities of bones entering into the formation of the different joints, have been practiced since by English as well as continental surgeons; and the general success which has attended them fully justify their repetition. The limbs which have been saved are, in many instances, living monuments of the triumphs of surgery. Until the last few years, the ankle-joint was not considered favorable for the operation of excision, its complicated machinery and anatomical relations being considered impediments to the complete excision of the ends of the bones.

Some surgeons still adhere to the opinion, that it is necessary to amputate the foot for disease of the bones of the tarsus; thus we have the operations of Chopart and Syme for the removal of portions of the foot. However, there are cases on record, and there is evidence afforded by the condition of patients themselves, proving in some cases the superiority of excision of the ankle-joint over amputation of the foot. While contemplating the operation, an account of which formed the principal feature in his paper, Mr. Wakley received great encouragement from reading the cases of compound injuries to the ankle-joint, narrated by Sir Astley Cooper in his treatise on Dislocations and Fractures, as it was shown by this celebrated surgeon that these cases had recovered and done well after the most severe forms of dislocation and fracture, where even the astragalus was dislodged or extracted. Thus Mr. Wakley had operated three times upon the ankle-joint, in two cases partially excising the bones of the joint. In both cases amputation had been considered necessary; but the modified operation had saved the limbs. The third case was that of William Brown, lately exhibited to the Society as having undergone excision of the astragalus and calcis. The operation, which was perfectly successful, but the steps of which it is unnecessary to relate, was of a novel character—the astragalus and calcaneum, together with the malleolar processes of the tibia and fibula, being removed for extensive disease existing in the two first-named bones.—*Medical Times*, April 12, 1851.

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## ANATOMY AND PHYSIOLOGY.

*Preservation of Anatomical Preparations by Arsenuretted Hydrogen Gas.*—Mr. MIDDLETON stated that, from the great expense of spirit of wine, and the various objections to the employment of other preservative fluids, he had been led to make some experiments with gases having antiseptic powers. He had found arsenuretted hydrogen to answer admirably, and he exhibited a specimen of diseased structure so preserved. The preparation had been several months in the bottle without showing the slightest symptom of change.

The object to be preserved should be placed in a suitable bottle filled with water. The bottle is then to be inverted in a pneumatic trough, and the gas passed into it in the ordinary way, so as completely to displace the water. The mouth of the bottle must then be closed with a good cork under water, and afterwards dipped in melted wax.

The gas can very well be prepared by mixing in a retort sulphuric acid, with a certain quantity of water.

Dr. King suggested that, for greater safety, the mouth of the bottle should be closed with a glass stopper, and hermetically sealed by the blow-pipe.—*London Medical Gazette*.